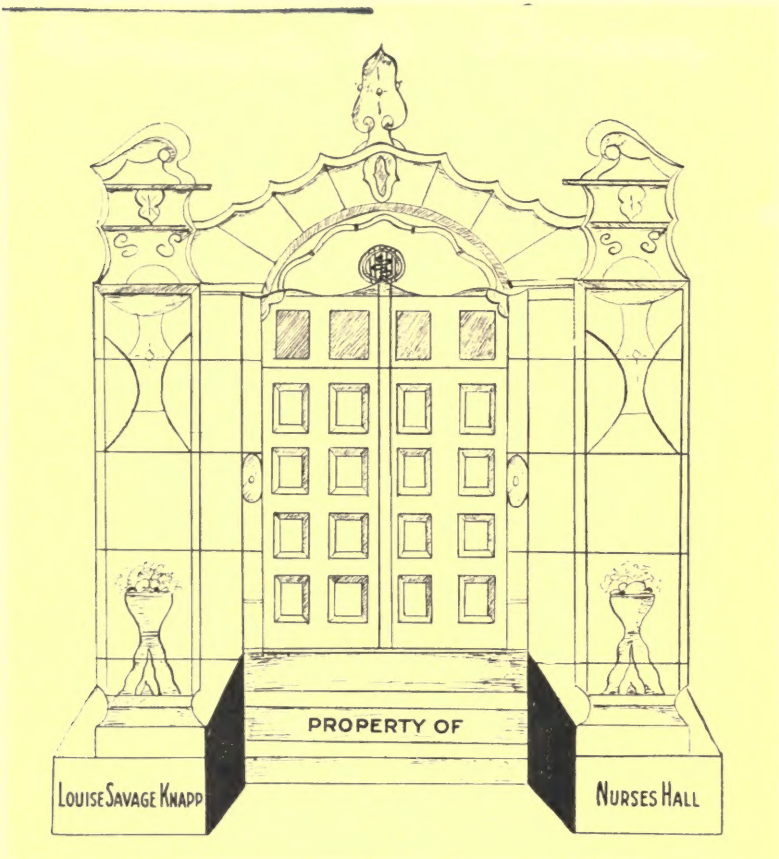
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HISTORY OF AMERICAN RED CROSS NURSING



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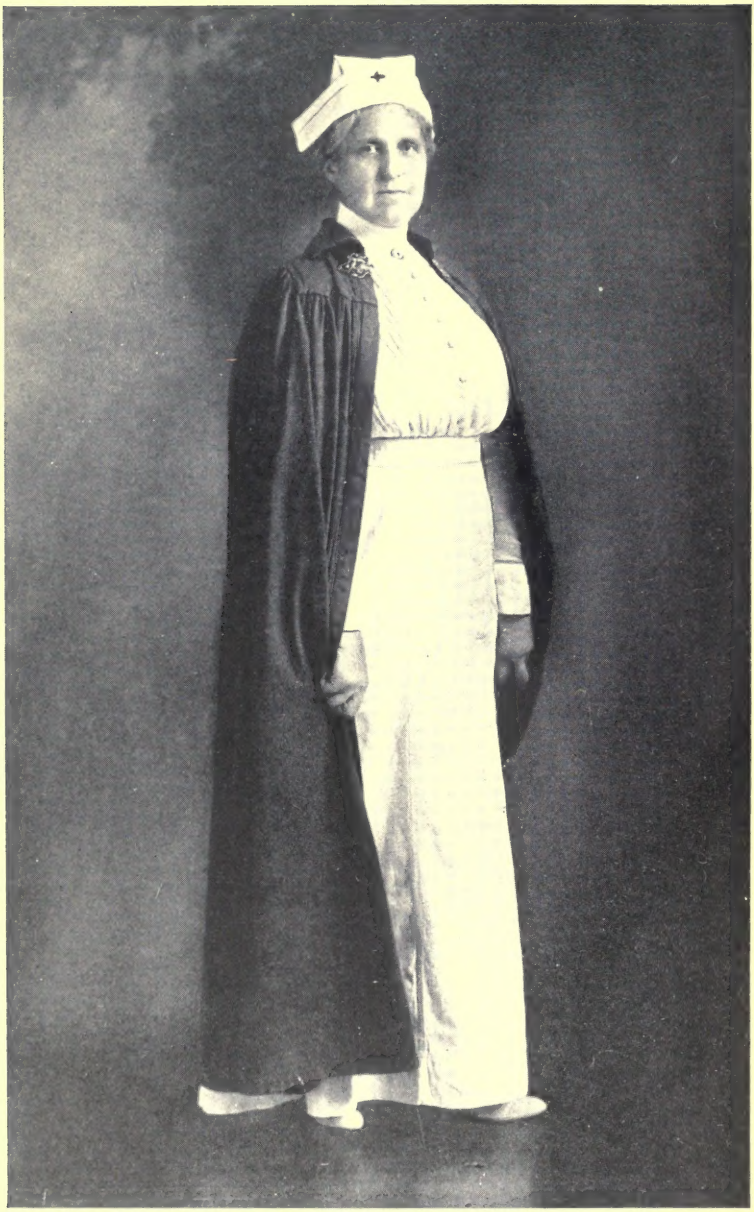


Photo. by Harris and Ewing

Jane A. Delano

HISTORY OF AMERICAN RED CROSS NURSING

BY

LAVINIA L. DOCK, R.N.
Former Secretary, International Council of Nurses

SARAH ELIZABETH PICKETT, B.A.
Former Assistant to the Director, American Red Cross Nursing Service

CLARA D. NOYES, R.N.
Former General Superintendent of Training Schools, Bellevue and Allied Hospitals, New York City; Former President, National League of Nursing Education; Former President, American Nurses' Association; Director, American Red Cross Nursing Service

FANNIE F. CLEMENT, B.A., R.N.
Former Superintendent, American Red Cross Town and Country Nursing Service

ELIZABETH G. FOX, B.A., R.N.
President, National Organization for Public Health Nursing; Director, American Red Cross Public Health Nursing Service

ANNA R. VAN METER, B.A., M.S.
Former Professor of Home Economics, Ohio State University; Former Assistant Director, American Red Cross Nutrition Service

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To
AMERICAN RED CROSS
NURSES

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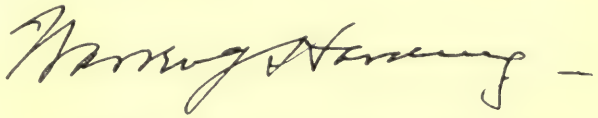
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FOREWORD

Perhaps of no other figure in American tradition have there been more stories written, pictures painted, songs sung than of the American Red Cross Nurse. She has personified courage, sympathy and gentle strength in contrast with the brutality of war. Yet of her actual character and work little is generally known.

Here is her own story. The experiences of many thousands of nurses, selected from personal letters, reports and official correspondence and recorded in this history, make it both a source book of vital professional significance and a profoundly human document. For the first time there is properly characterized and described the magnificent contribution of American nurses in aid of human suffering, not only on the battlefield but in all the heretofore hidden places where humanity was miserable because of war.



President, American National Red Cross.

The White House,
Washington,
Nov. 1, 1922.

INTRODUCTION

Since its establishment in 1909, the American Red Cross Nursing Service has been the grateful recipient of considerable interest from the nursing profession and from the laity. Many requests have come to National Headquarters for data regarding its origin, its purposes, its organization and accomplishment. To the answering of these requests, Miss Delano and her assistants gave especial care, feeling that the Nursing Service could repay this interest only by courteous and intelligent acquiescence. Nevertheless, the gathering together of such data involved the frequent repetition of painstaking research and correspondence.

During and after the European War, such requests were greatly multiplied. Nurses and laywomen in increasing numbers wrote to Headquarters to ask for information needed for preparing papers for club meetings, speeches or personal narratives. Organizations compiling war records asked for histories of Red Cross nursing accomplishment; chroniclers of the War Department called upon the Red Cross for extensive chapters to include in the Government's records. Then, too, the national officers of the Red Cross shared with the Nursing Service the opinion that a comprehensive history of Red Cross nursing service, of which no adequate account had hitherto been written, should be compiled for the use of individuals and Chapters. Thus the undertaking which now reaches fruition in the publication of this book, was launched in 1919.

The outstanding editorial policy in shaping this compilation was the desire to have an authentic history which would recount the methods of work as well as the work itself. By far the greatest amount of material previous to the European War lay in Red Cross archives, in the Library of Congress and in that of the Medical Department of the Army, and the first step taken was to engage an expert in research, to assemble, analyze and classify the voluminous records. Beatrice Copley (now Mrs. Ralph Chapman), M.A., of the University of Illinois, came from Chicago to perform this service and our especial

thanks and recognition are due to her for the admirable way in which she carried on her task.

It was felt that the nurses who had made history in the field should be the ones best fitted to edit this book which records the work done. Early in 1919 an editorial committee whose membership was largely that of the National Committee on Red Cross Nursing Service was invited to read and criticize the material. No one refused to share the responsibility. The members of the committee are: Mabel T. Boardman, Anna C. Maxwell, M. Adelaide Nutting, Annie W. Goodrich, Dora E. Thompson, Julia C. Stimson, Lenah S. Higbee, Lucy Minnigerode, Martha M. Russell, Carrie M. Hall and George B. Chadwick.

As the writers to whom the different chapters were entrusted completed their pages, each section was submitted to those of the Editorial Committee who had been most closely related to the work under discussion. While they in no way directed the treatment of material, they gave it most careful critical readings and their suggestions were helpful in the extreme. Their corrections and revisions were for the most part scrupulously incorporated in the text and thus the American Red Cross is able to guarantee the fidelity of this text to the truth in so far as it is humanly possible to interpret it.

The efforts of the authors have been met by an intelligent and enthusiastic spirit of helpfulness from nurses and laywomen alike. To Miss Boardman, who as secretary of the society was designated by the Central Committee to read and judge the manuscript in its entirety, we are deeply and sincerely grateful for much patience, encouragement and aid. From Dr. Anita Newcomb McGee we have received especial assistance in the matter of verification of official footnotes and of details touching upon her relation to the War Department in the Spanish-American War. To Mary S. Fergusson, a member of the National Headquarters editorial staff and a woman of searching intelligence and keen powers of criticism, whose work on this history was interrupted early in 1922 by death, we acknowledge our affectionate and heartfelt gratitude. To Mr. Chadwick, whose editorial aid followed the history through its many pages, through complexities of securing a publisher and through much official "red-tape," we express our many thanks.

Many others have given us editorial assistance, conspicuous

among whom are Dr. Anna Hamilton of France, Mrs. Richard Aldrich, Miss Laura Drake Gill, General Merritte W. Ireland, Dr. Taliaferro Clark and Dr. Albert Ross Hill.

In giving us data from correspondence and from their wealth of personal recollection and memories, we acknowledge our indebtedness to Mrs. Whitelaw Reid, whose secretary, Mr. Irving Blake, by her direction opened to us her war nursing records, to Dr. Monae Lesser, Mr. Allen Wardwell, Jr., and many nurses. We also owe recognition for valuable assistance in supplying records to the Librarian of the Library of Congress and to the Army Medical Library. In gathering our illustrations we were helped by the Signal Corps, U. S. A., the Air Service, U. S. A., and the Information Section, Naval Intelligence, Navy Department.

To the hundreds of nurses who have answered our requests for information and material and to those whose written experiences constitute the original sources of this history, we offer this volume as our best endeavor to thank them adequately for their services in this as in all enterprises of the Nursing Service.

Clara D. Noyes

Chairman, EDITORIAL COMMITTEE.

National Headquarters,
Washington,
November 11, 1922.

HISTORY OF AMERICAN RED CROSS NURSING

CHAPTER I

EARLY GROWTH

Origin of the Red Cross Idea—Florence Nightingale—Nursing in the Civil War—Clara Barton

THE Red Cross spirit, the motive prompting the work of the International Red Cross, is simply the instinct of compassion and mercy in a pure form. Such a spirit might be traced down from the beginning of history if a genealogical Red Cross tree were desired. In every age illuminating instances of direct or collateral relationship could be found. It is possible, however, to wander too far afield in a search of this kind and a slight sketch will suffice to introduce the history of the American Red Cross Nursing Service. We need not go farther back than to the Good Samaritan, who typified all the classic characteristics of the Red Cross, the spontaneous, voluntary helpfulness of the private citizen; compassion and aid extended freely on the sole ground of common humanity; practical skill and intelligence in binding up the wounds of the thieves' victim; efficient relief work in leaving the wounded man to be nursed at the inn and in paying for him there.

Though Red Cross nursing was first developed in connection with war, not all war nursing in history can be looked upon as rudimentary Red Cross service. It has often been solely for the furtherance of military projects. The presence of the impersonal spirit of pity for and the desire to relieve alike both friend and foe is the essential characteristic of the Red Cross idea, as it is also the true ideal in nursing. There is no assurance that the heroic women of the Gaelic and Teutonic tribes,

skilled as they were in medical and surgical nursing, who always followed their men in war to bind their wounds, would rescue as readily a stricken enemy,—though it may be that it was so. Haldora, the Dane, in the year 1000 A.D. stands forth as a true forerunner of Florence Nightingale and Henri Dunant, for she assembled the women of her household after a fierce battle and said to them, "Let us go forth and dress the wounds of the warriors, *be they friend or foe.*" [1] She herself, it is recorded, found the enemy chieftain desperately wounded and tended him long and skillfully until he was healed.

In the medieval orders of the Knights Hospitallers with their women's branches, are to be found the first organizations on a grand scale for nursing and relief work of the Red Cross type and it is quite possible that their practice and principles may have become familiar to Isabella of Spain, who was the first on record among queens to take an intelligent interest in the sanitary and hygienic care of her nation's soldiers.

Those knightly orders, too, imprinted their influence on the German women, who in the War of Freedom (1813) formed the first modern women's societies for organized war-relief work by volunteers. The armies of Napoleon, on their side, had the nursing service of the Sisters of Charity of St. Vincent de Paul—the first trained and disciplined nurses of the later medieval period to be officially assigned to the care of sick and wounded men in war.

All the heritage of the past and the promise of the future met in Florence Nightingale, whose career was opened to her by the Crimean War. Not only did she there give a complete pattern of the many branches of service later developed under the Red Cross, but also by what she did she inspired Henri Dunant, the founder of the International Red Cross Committee, to his far-reaching achievement. Then by her later efforts she created the modern army of skilled, secular, professional women from whose ranks the Red Cross Nursing Service is now drawn. It will be essential, therefore, to preface this record of American Red Cross nursing by recalling in some detail the demonstration given by Miss Nightingale in the Crimea.

Her first efforts were of course for the organization of an emergency nursing service. For this she had a mixed company—at first of forty women, some of whom were Sisters of Religious Nursing Orders and others hospital-taught women of

[1] Mrs. Norrie in "A History of Nursing," Vol. II, p. 313.

the old school, not trained in the modern way, but experienced. In all, about two hundred nurses belonged to Miss Nightingale's staff,—a small group compared with the thousands of nurses mobilized during the recent World War, but a group historically potent and unique.

The nursing service having been appointed in its place and assisted by orderlies and convalescent patients, Miss Nightingale next organized a laundry service by renting outside buildings and employing soldiers' wives for the laundry work. Diet kitchens arose under her hand from which, for the first time, the wounded men were served with nourishing food, and through her efforts the entire kitchen department of the army hospitals was systematically remodeled by the famous Soyer. The disorganization and inefficient management had been such that to Miss Nightingale fell the task of purveying much of the daily supplies and clothing of the patients under her care. In a letter to Mr. Herbert, she wrote (Jan. 4, 1855): "I am a kind of general dealer in socks, shirts, knives and forks, wooden spoons, tin baths, tables and forms, cabbage and carrots, operating tables, towels, soap, fine tooth combs, precipitate for destroying lice, scissors, bedpans and stump pillows." [2] Presently, because kits had been thrown away during a march, she reclothed a large part of the English army. To provide for an expected influx of wounded at Scutari, she undertook on her own authority to remodel some abandoned wards, engaged two hundred workingmen, paid them out of her private resources, outfitted the wards and had eight hundred additional beds ready when the need came. To have done this through military channels, at that time, and under the system then in vogue, would have taken months. Miss Nightingale's biographer tells us that this particular feat, more than any other one thing that she did, electrified the "red-tape men" and spread a sensational legend of the "Nightingale Power." She was both fiercely criticized and greatly praised for this daring piece of initiative, but Parliament later refunded the money it had cost, thus, in effect, endorsing her action. Miss Nightingale urged and planned in minute detail the sanitary engineering works later carried out in the hospitals of Scutari. She herself considered this her best piece of work, for hospitals which had formerly been deathtraps, were thereby put on a level with the best, in ventilation, drainage and cleanliness. These sanitary reforms,

[1] "Life of Florence Nightingale," by Sir Edward T. Cook, Vol. I, p. 200.

in conjunction with her other improvements in nursing and in the hospital dietary, reduced the army death rate from 42 per cent to 22 per thousand of cases treated.

Though Miss Nightingale dared greatly on her own initiative when life and death were in question, yet her habitual order of discipline was strict in the extreme and she was punctilious, as a rule, in allowing her private stores to be used solely on the requisition of the medical officers. Her funds for supplies came from her own income, from other private sources and from the Royal Bounty. The needs of the allied armies were not overlooked by her. She sent wines and other supplies to the French Sisters of Charity. When the Italian Sisters suffered a loss of their stores through fire, Miss Nightingale dispatched a consignment of supplies to them. These were friends. Did Miss Nightingale also help the foe? The rules of war often set a limit to the merciful impulse, but we may surmise what her spirit was from the story told of the Russian boy prisoner who was under her care and who, when asked where he would go after death, replied confidently, "I shall go to Miss Nightingale."

In social service, Miss Nightingale opened new paths, hitherto as wholly untrodden in the army as had been those of her hospital reform. Her nurses' families at home were systematically visited and helped by her friends at her request. She brought about reforms in the pay of invalided soldiers, and kept in her bedroom much of the officers' money, because if they offended the purveyor or the commissary, they were likely not to get it. She established reading rooms for the convalescent patients; opened a post office and encouraged the men to send their money home. She combated drunkenness, to the great derision of the military chiefs. To counteract it she opened a coffee house for the men and set on foot reading and class-rooms for them. She had school-masters sent out from England to teach and lecture, and provided maps, books, papers and games. It was said of her that she was the first person who ever taught officials to treat the soldiers as Christian men. Nor did she forget the soldiers' wives, many of whom had followed the army. She organized a lying-in hospital and secured work for them, choosing friendly visitors to go among them and help them as needed.

The war over, Miss Nightingale, as all the world knows, with the gift in money made to her by the grateful British public,

founded the Nightingale Training School for Nurses at St. Thomas' Hospital which was the parent of the modern system of nursing. From her, therefore, we may well date the story of the nursing service of the American Red Cross.

After the World War a woman of national prominence who had worked through the Civil War was asked to point out the greatest difference between the two wars in the methods of participation by the civilian population; her answer was: "In the nursing." This was Louisa Lee Schuyler, whose part in the organization of the School of Nursing at Bellevue Hospital in 1873 lends a special interest to the following extract from a letter written by her to Miss Clara D. Noyes on the eve of the entrance of the United States into the World War:

> In these days, at the age of seventy-nine, when I can not do very active work, my thoughts go back to the early days of the Civil War and of what we are trying to do and did do then on a very small scale compared with today. We wanted nurses for our wounded and sick and there were none to be had. There were no trained nurses in those days, as you know. In our New York Branch of the United States Sanitary Commission it was as easy to get supplies as it is with the Red Cross today. They poured in from all over the country. Our receiving and shipping business was enormous. Many a time did our loaded wagons take the boxes on short notice on Sunday down Broadway to a steamer starting for a southern port. We were notified by the Sanitary Commission of battles to come that hospitals and hospital supplies might be ready. Alas! no trained nurses to be had. Our doctors, Elizabeth and Emily Blackwell, provided one month's hospital training for 100 selected women who volunteered to go as nurses. It was most elementary, but it was better than nothing and many of them turned out finely and did magnificent work later on, and now the Red Cross! So much to be thankful for if war must come.[3]

Not only had the United States no trained nurses during the Civil War, but even the International Committee of the Red Cross did not yet exist. It was in 1863 that Henri Dunant laid his proposals for a relief society before the Society of Public Utility of Geneva and in 1864 that the Articles of

[3] Annual Report of The National League of Nursing Education, 1917, pp. 227-228.

Convention touching the treatment of the wounded in war were signed at Geneva. To this convention, known as the International Red Cross Treaty, the United States Government gave its accession in 1882. In the meantime, however, the name Red Cross alone was lacking during the Civil War, for in the work of relief carried on by the United States Sanitary Commission a demonstration of efficiency in civilian aid in wartime was given, which was nothing less than extraordinary for a young nation waging its first war on a grand scale. Stillé in his "History of the Sanitary Commission" gives the credit for originating Civil War relief work to women. "It is hardly necessary to say," he writes, "that the earliest movement that was made for any relief was begun by the women of the country."

The United States Sanitary Commission grew out of a mass meeting held in Cooper Union, New York City, on the 26th of April, 1861, which had been called by the Ladies' Relief Committee. This committee was the work of Dr. Elizabeth Blackwell, who had held an informal meeting of women and men at the New York Infirmary for Women and Children. The local New York group took the name "Women's Central Association of Relief" and was, in effect, during the whole war the most powerful and important branch of the Sanitary Commission. Its leading executive officer was Louisa Lee Schuyler. One of the purposes of the association was "to open a bureau for the examination and registration of nurses."

Dr. Blackwell was personally intimate with Miss Nightingale and through her friendship she had a clearer idea, perhaps, of what a nurse might be than others had at that time. She labored devotedly in selecting and sending numbers of volunteer nurses to Bellevue Hospital for a month of such training as they could get there. As the training school for nurses was not yet founded, that experience could have had but slight value, yet about one hundred of those hastily trained women entered the army hospitals and gave useful aid, many of them continuing in the service throughout the war. Miss Nightingale was in close correspondence with Dr. Blackwell and others on the Sanitary Commission and gave them bountifully of her counsel and advice. She, indeed, in private letters expressed a desire to come personally and help them; but this her fragile health prevented. A letter written to the Secretary of War (May 18, 1861) by the "Women's Central Association of Relief for the

Sick and Wounded of the Army, acting in conjunction with the Advisory Committee of the Boards of Physicians and Surgeons of the Hospitals of New York and the New York Medical Association for Furnishing Hospital Supplies in aid of the Army" speaks of nursing as follows:

> The committee represent that the Women's Central Association of Relief have selected and are selecting out of several hundred candidates one hundred women, suited in all respects to become nurses in the general hospitals of the Army. These women the distinguished physicians and surgeons of the various hospitals in New York have undertaken to *educate and drill in a most thorough and laborious manner* and the committee ask that the War Department consent to receive, on wages, these nurses, in such numbers as the exigencies of the campaign may require. It is not proposed that the nurses should advance to the seat of war until directly called for by the Medical Bureau here, nor that the government should be at any expense until they are actually in service.

In this letter it was stated that the Commission for whose recognition the combined associations were pleading, would, among other things, "inquire into the organization of military hospitals, general and regimental, and the precise regulations and routine through which the services of the patriotic women of the country may be made available as nurses." As a result of this correspondence and of the efforts of a delegation sent to Washington to represent the associations, official mistrust of civilian volunteer aid, which at first had been obstinate, was allayed: the Surgeon General's attitude of opposition was altered to one of reluctant coöperation and the formal organization of the Sanitary Commission proceeded. For nursing, the services of religious Sisterhoods, which were promptly volunteered, were the first to be accepted. There were numerous convents of Sisters of Charity, Sisters of Mercy, Sisters of St. Vincent and others where emergency hospitals were opened, and from whose staffs Sisters and Mother Superiors were supplied. Throughout the war a great deal of hospital service was borne by Catholic Sisters, among whom, as especially distinguished, were Mother Anthony O'Connell of Cincinnati, Mother Francis of Chicago, Mother Angela of Mound City and Mother Gonzaga of Philadelphia. The Holy Cross

Sisters, an Anglican order, conducted important hospital work at Annapolis and Chester and Sister Adeline Taylor had a war nursing record of great variety.

Much light is thrown on the condition of hospital nursing during the war by the following intelligent commentary taken from Katherine P. Wormeley's small book on the "Sanitary Commission." As one who served with the Commission throughout, Miss Wormley has written:

> And here a few words may be said on the work that might, —we dare to say should—belong to women in general hospitals. If women comprehended their true work and had the patience to show that they do comprehend it, the deep prejudice against them, in the minds of the Army surgeons, would be removed. Indeed it has been removed in many instances. But women have not as a general thing, seen their place or their duty. It is hard, perhaps, to do so. It is hard to realize that even benevolence must be obedient. And it is for this reason that Sisters of Mercy, so far, have been preferred as nurses by the surgeons of the Army. It could, however, be shown that the work of women belonging in the world would be more useful than even the work of the Sisters if such women could learn their true place. And if they learned it and kept to it, the result would be that in the end they would have all the power of benevolence that even they would ask. For here it may be said, in deep conviction of its truth, that the surgeons of the Army of all grades are, as a rule, desirous of doing well by those under their charge . . . they are conscientious and faithful men. It is believed and is perhaps capable of proof that if a lady (by which is meant a gentlewoman holding a certain social position) and one fitted for the work could be placed in charge of what may be called the women's department in a hospital . . . namely, the nursing of the very sick men, the special diet and the linen department, with a body of nurses under her charge, a benefit to the hospital would follow, and the surgeons, far from complaining of it would in the end welcome it with sincerity.

As to the quality of women's work as a whole, Dr. Bellows, president of the Sanitary Commission wrote:

> The distinctive features of women's work in this war were magnitude, system, thorough coöperativeness with the other sex, distinctness of purpose, business-like thoroughness

> in details, sturdy persistency to the close. . . . Everywhere started up women acquainted with the order of public business: able to call and preside over public meetings of their own sex; act as secretaries and committees, draft constitutions and bylaws; open books and keep accounts with adequate precision . . . enter into extensive correspondence, coöperate in the largest, most rational plans. . . .

During the progress of the Civil War nursing assumed two general types: one, a fairly systematic routine under government direction; the other, an original spontaneity of action which took its own course and obtained, usually, first the acquiescence and finally the help of the Government. Of the former type Dorothea L. Dix was the official head, having been appointed as Superintendent of Female Nurses by Secretary Cameron in June, 1861. Of the latter type was Clara Harlowe Barton, the founder in after years of the American Red Cross.

It is said that Miss Dix was one of the first to do actual war nursing, as she took care of some of the soldiers who had been wounded in the Baltimore riots. Her long and remarkable career as a reformer of prisons, almshouses and insane asylums (as they were then called) throughout the entire country and her lofty character, made her seem, probably, as precisely the one woman to direct the war nursing, as Miss Nightingale had so seemed in England. Miss Dix, however, was not a nurse, nor had she had experience in nursing administration and her work in this episode of her life was not on a par with her earlier distinguished labors. As her character and personality have been described, she seems to have been in many ways like Miss Nightingale. She was slight, delicate looking, graceful, had been in her youth beautiful and had a soft musical voice, with winning manners. It was said that her gentle and persuasive tones had a remarkably controlling influence over the fiercest maniacs. She was exceedingly quiet and retiring in her deportment and her success with legislatures was due to gentleness and mildness covering an unyielding persistence. She cared nothing for praise or fame. She preferred not to be talked about. She had private means, which she lavished on her work, and her labors for the Government were throughout unpaid. Her standards were exceedingly rigid and her individualism was intense, alienating many of those with whom she had to work in a field where almost everything depended upon suasion. For

our Government gave Miss Dix, at first, duties but insufficient authority and when later her authority was extended, no penalty was attached for disobedience. Many of the surgeons resented her position. They called her arbitrary, opinionated, severe and capricious. Without a doubt she was somewhat severe. She mistrusted the young and it was said that a woman must be "mature in years, plain almost to homeliness in dress and by no means liberally endowed with personal attractions, if she hoped to meet the approval of Miss Dix."

The second type of Army nurse has been thus described by Dr. Bellows:

> Of the labors of women in the hospital and in the field . . . this sort of service cannot be recorded in the histories of organized work. For, far the largest part of this work was done by persons of exceptional energy and some fine natural aptitude for the service, which was independent of organizations, and hardly submitted itself to any rule except the impulse of devoted love for the work . . . supplying tact, patience, and resources. The women who did hospital service continually or kept themselves near the base of armies in the field, or who moved among the camps, and travelled with the corps, were an exceptional class . . . as rare as heroines always are, a class representing no social grade, but coming from all . . . but in all cases women with a mighty love and earnestness in their hearts . . . a love and pity and ability to show it forth and to labor in behalf of it, equal to that which in other departments of life distinguishes poets, philosophers, sages and saints, from ordinary men.[4]

It would be a congenial task, if it were possible, to summon before our readers the army of Civil War nurses. There were in all about two thousand, of whom only a few have been recorded with names and histories.

One of the most appealing was Helen Louise Gilson, of Boston, who was so young, girlish and lovely that Miss Dix refused to accept her, but who, nevertheless, through family influence, followed the Army of the Potomac through all of its battles save the first and who displayed abilities that remind one, often, of the young Florence Nightingale.

The most nearly approaching in her training to the Red Cross nurse of today was Emily E. Parsons, of Cambridge. At

[4] "Women's Work in the Civil War," p. 60, Introduction.

the outset of the war Miss Parsons entered the Massachusetts General Hospital for experience and remained in it for a year and a half. There was as yet no school for nurses there, but through her social connections she was able to receive special and careful instruction from the medical men and surgeons.

The story of Maria M. C. Hall, of Washington, and her sister, is peculiarly illustrative of the volunteer character of much Civil War nursing. Like Miss Gilson, Maria Hall was rejected by Miss Dix as being too young. She then went to Mrs. Fales, who had gained an independent position in Washington hospitals. Her importunity finally won Mrs. Fales to throw open the door of a ward, saying as she did so: "Well, girls, here they are, with everything to be done for them. You will find work enough." The "girls" stuck to their job, with no countenance from the surgeons. When a general order was sent out for the removal of volunteers from the wards, Maria enrolled as a "nurse" and drew Army pay, which she gave to the men. She kept on in this way for a year "with no recognition from any official source"!

As a contrast to this breezy volunteer there was Sarah Edson of New York, who strenuously attempted to found a home and training school where nurses might be prepared for the field. She labored untiringly for this purpose, brought it before the Sanitary Commission, went to the Surgeon General and even had a bill embodying her plan brought to a Senate committee. She may rightly be considered as the first to conceive the idea of an Army School for Nurses. That she was unable to bring her plan to fruition in the intense atmosphere of war does not diminish her distinction. The Sanitary Commission regarded a training school as unnecessary, thinking that the hospital experience itself was the best training and that the urgent needs of the moment did not admit of delay sufficient to prepare the amateur nurses who were so imperatively called for. The Surgeon General seemed at first favorably impressed with Mrs. Edson's idea, but finally discouraged it and signified his disapproval to the Senate committee who had her bill in charge.

Every section of the country had its famous nurse. The Confederacy acclaimed Ella K. Newsom as "Dixie's Florence Nightingale." She was a wealthy and beautiful widow when the war broke out, and spent her fortune in hospital and relief work and nursing.

Perhaps of all the nurses of whom records are left, the most

picturesque figure and the most widely known is "Mother" Bickerdyke. Truly amazing stories are told of her endurance, her remarkable nursing and purveying abilities, her bold denunciation of rich "slackers" who withheld their money from war work, and her high hand with officials whose standards were less disinterested than her own.

Finally, none was more closely linked with the present time than Amelia Barlow, whose work inspired Captain James Scrymser to take the initial steps that brought about the building of the beautiful National Red Cross Headquarters at Washington.

The hospitals of the Civil War were sometimes temporary adaptations of buildings at hand, sometimes structures hastily erected for the purpose, sometimes public buildings taken over for the occasion. The Capitol at Washington was once so used and hundreds of wounded were distributed in the Senate, House and Rotunda. Hospital ships originated in the Civil War. Coast and river steamers were used. Many such vessels plied on the Ohio and Mississippi rivers with their freight of wounded men.

In spite of the utmost endeavors of the women volunteer nurses, Civil War hospital standards were far below those that would be accepted today. The wards were overcrowded, primitive in equipment and meager in provisions for operating and for dressing cases. It has been estimated that during those four years approximately six and one-half million men were admitted to hospitals and of them more than 6,000,000 were medical cases, no doubt largely preventable, had prevention then been understood. Only 425,270 cases were surgical.

After the war the Army nurses formed an association which had its headquarters at Gettysburg. They were wont to meet at the reunions of the Grand Army of the Republic and some of their number survived the war of 1914. A roster of the names of the members hangs in the present Red Cross National Headquarters building at Washington.

Their war work ended, the women of the Sanitary Commission went their various ways home and, inspired and strengthened by their experience, many of them threw themselves with energy into the work of reformation in civil hospitals and other institutions. What they had seen had made plain to them the need of instructed, disciplined nurses and again with the help and counsel of Miss Nightingale, women and men in New York

City, Boston and New Haven simultaneously established (1873) schools for training nurses in three large hospitals: Bellevue, the Massachusetts General and the New Haven. Smaller pioneer schools already existing in this country and Canada were strengthened by this movement and hospitals generally followed the example set them.

Whilst the new profession of nursing was thus taking form, one of the volunteer workers of whom Dr. Bellows had written the characterization quoted on a previous page went abroad for travel and there acquainted herself with the work and organization of the Red Cross. This was Miss Clara Barton, a woman of New England family, whose fixed purpose it then became to bring about the adherence of the United States to the Geneva Convention. Upon her return to her own country she was instrumental in forming a Red Cross organization which was incorporated in the District of Columbia, under the name of "The American Association of the Red Cross" and of which she became the first president. As this country had but a small army and was considered to be on the whole a peaceful nation, it was anticipated that the chief activity of a National Red Cross would be on lines of relief and succor in times of disaster or natural calamity. Two such calamities, the yellow fever epidemic in Florida (1888) and the Johnstown flood (1889) brought American nurses for the first time into contact with the Red Cross and one of these nurses was the woman who was destined to become, in later years, the head of the Red Cross Nursing Service.

It is hardly possible today, for nurses who only know of yellow fever as a preventable and almost extinct disease, to realize its appalling character before the research and self-sacrifice of scientific men had discovered its mode of transmission.

A suspicion of the mosquito had, indeed, been put forth as early as 1848, by Dr. Josiah Nott of Mobile, Alabama, but no experimental work had followed his suggestions.[5] The writings of Dr. Charles Finlay, of Havana, Cuba (1881 and 1886), advanced afresh the clinical evidence against the mosquito and with so much original force that a Yellow Fever Commission was appointed, which brought its investigation to a climax at the time of the Spanish-American War. Major Walter Reed was its head. Under his direction, at an experimental station

[5] See *Popular Science Monthly*, Vol. 23, No. 8, p. 646, article by King.

in Cuba, the tests of 1900 were carried out by Dr. Jesse W. Lazear, Dr. James Carroll and Dr. Aristide Agramonti, which proved the rôle in yellow fever of a special variety of mosquito, the Stegomyia fasciata. In those tests Dr. Lazear sacrificed his life, but as a consequence of that work, Havana, other parts of Cuba, and, later, the Canal Zone were freed from yellow fever and it was shown that, with proper sanitation, the tropics could be made safe for white men.

But these truths were still unknown when Miss Barton's aides went to the help of the fever-stricken South in 1888. In every epidemic of yellow fever, scenes were enacted in Southern cities like those of plague times in medieval Europe. The only hope of safety of medical men and attendants lay, it was believed, in the immunity of acclimated persons, or of those who had survived an attack. It was also believed that negroes were especially immune. It seemed therefore at that time wise and reasonable that, when the Red Cross Society of New Orleans was formed (1883), it should have been ruled that no unacclimated persons, nor any non-immunes, should be used as assistants by the Red Cross. Miss Barton's writings refer to the well known "Old Howard Association" of New Orleans that carried on heroic service in epidemics in earlier days under Colonel F. R. Southmayd and that had united with the National Red Cross Committee. When the call came from Jacksonville for help, Miss Barton expected to supply it. She wrote:

> It was arranged that the Southern states, through this society [the New Orleans Red Cross] should provide all Red Cross nurses for yellow fever, and that the northern part of the country should raise the money to pay and provision them. We felt this to be a security, and an immediate provision which the country had never before known. Fearing that this might not, at its inception, be fully understood, I called at once on Dr. Hamilton, then in charge of the Marine Hospital, explaining it to him, and offering all the nurses that could be required, even to hundreds, all experienced and organized for immediate action. Perhaps it was not strange that a provision so new and so unknown in the sad history of plagues and epidemics should have seemed utopian, and as such have been brushed aside as not only useless, but self-seeking and obstructive. Like the entire organization of which it was a part, it has to wait and win its way against custom or even prejudice. . . . Not realizing the opposition

> there might be to our nurses, we called upon their old-time leader, Colonel Southmayd, to enlist a body of nurses and take them at once to the fever district. He enlisted thirty, both men and women, white and colored, and took a part with him, the rest following next day.[6]

Friction developed between the corps of volunteer nurses raised by Colonel Southmayd and taken to Jacksonville and a little place called MacClenny, and the local boards of health with which the Marine Hospital Service was coöperating. The clash between the older system of dealing with epidemics and the newer, more scientific methods of the Federal and municipal health officers was inevitable and Colonel Southmayd was withdrawn. These untrained volunteers, of whom there were about thirty, some of whom were of the Negro race, were the first Red Cross nurses in the United States.

It would go far beyond our limits to tell the story of the Jacksonville epidemic. In the daily press of that time the general picture of distress, terror and death was outlined. Through the scene moved many figures brought there by the great need,—many of them ministering in faithful unselfishness according to their knowledge, others preying upon a stricken community. The personal recollection of a worker in that emergency is that a strangely debased type of adventurer came to Jacksonville,—immoral, abandoned women and unprincipled men. Many such persons were on the lists as nurses and there were Northern volunteers among them. The Red Cross idea had been seized by the popular mind and the glamour of the brassard made itself felt. Many actors in those scenes made and wore on their arms or shoulders the emblem to which they had no right whatever. It would, therefore, be unfair to judge the status of Red Cross nursing even in that formless period, by the individuals who claimed to be Red Cross workers.

The local health board very properly deported objectionable characters to a detention and quarantine camp (Camp Perry) in charge of Dr. Guiteras, the yellow fever specialist, and items of this kind occasionally appeared in the New York papers:[7]

> For very good reasons another nurse will be forwarded to Camp Perry tomorrow, . . . the action of the Board of

[6] "The Red Cross," by Clara Barton, p. 147-148.
[7] New York *Tribune*, September 22, 1888.

> Health in regard to incompetent and immoral nurses. . . . Two other nurses [their names were printed] are at Camp Perry, sadder if not wiser women.

Dr. J. Y. Porter, who was in charge of the Government relief measures, also had charge of Government nurses. Few of these were trained as we count training today, but the "Bureau of Nurses and Medical Attention" answered, in all, over seven hundred calls for help. Many of the aides thus supplied were men who had served in various capacities in hospitals and were not unfamiliar with scenes of disease and death. The theory of immunity seems then to have been waived and this was especially so at a temporary hospital on the pavilion plan which was erected for the epidemic emergency on the sand dunes outside of Jacksonville. It was called the Sandhills Hospital and as early as the 20th of August was in charge of Dr. Sollice Mitchell, brother of Neal Mitchell, then president of the Jacksonville Board of Health.

It is at this time that Jane A. Delano, who later takes so important a part in this history, first enters its pages, though not through Red Cross channels. Dr. Sollice Mitchell had been a Bellevue interne. He had had his surgical service in the ward where Miss Delano had been head nurse and through his knowledge of her abilities she was asked to come as superintendent of the Sandhills Hospital, a position which she filled with distinction during her two months' stay. Two of her classmates followed her there as volunteers, Wilhelmina Weir, a Canadian, and Lavinia L. Dock, a Pennsylvanian, each of whom had charge of a ward in the hospital.

Miss Delano's later distinguished service in the Red Cross gives a special interest to this, her first public service after her training. She had been one of the youngest of her class (1886) and had gone through the hospital so unobtrusively and with so unaffected a quiet and reserve that few of her classmates dreamed of the unusual abilities she later displayed, although all her hospital work had been well and easily done. One of the young internes of that day, who rose to the position of Surgeon General of the United States Navy (Rear Admiral W. C. Braisted) recalled "a singularly clear keen intelligence, an abiding sense of duty and an innate resoluteness of character" as among her characteristics.

Miss Delano was born in Watkins, New York, in 1862.

Her family was a substantial one of New England stock. Her father had died in the Civil War and though she was too young to remember him personally, his memory remained with her and animated the intense interest that she felt, later, in the soldiers and nurses of another war. In appearance Miss Delano, at Jacksonville, was pleasing without being beautiful. She was tall and of a very calm, self-contained bearing, blue-eyed and brown-haired, with good teeth and a soft fine complexion. She was quiet and serious in manner and spoke but little. She wore the Bellevue uniform of blue and white seersucker with the cap, which increased her youthful look and, by contrast, made her poise and quietude seem the more impressive. She was a disciplinarian, and fearless.

The hospital on the Sandhills was not long needed. After a couple of months the epidemic abated and the Northern nurses and physicians were quarantined and returned to their homes. A legend has arisen that Miss Delano, in advance of medical knowledge, insisted on the use of mosquito screens in the hospital. It was, indeed, thoroughly screened, and this may have been her doing. It has been pointed out, however, that Dr. Finlay's writings two years before had sounded a warning which doubtless made medical men also suspicious of the mosquito.

After this emergency Miss Delano had twenty years of varied experience before she came under the Red Cross flag. She spent some time in a mining camp in Arizona, persuaded to go there by Dr. Darlington, later Health Commissioner of New York City, who was an old family friend. For five years she was superintendent of nurses in the University of Pennsylvania Hospital with Miss M. E. P. Davis as head of the hospital. She was one of the first among nurses to take the Special Course in Philanthropy founded by the Charity Organization Society of New York City, and she followed this by two years' work as head of the Girls Department in the House of Refuge on Randalls Island. In 1902 she was called to be the head of the training school in Bellevue, her alma mater, and held that position for four years. Then for several years her time was broken by the ill health and death of her widowed mother. Absorbed in these cares Miss Delano was, from 1906 to 1908, sequestered from active nursing associations. Her friends in the later Red Cross work, however, know that in the Jacksonville experience she had reached a clear

conviction of what a nursing reserve under the Red Cross might mean and of the great usefulness it might have, and they believe that her special feeling for the Red Cross dated from that time.

At Johnstown much of the relief and all the nursing work was carried on under the Red Cross. Philadelphia had a Red Cross Society affiliated with the National Association and this group sent a staff of medical men and nurses to work in the tent hospitals which were used for ill and injured persons. The nurses in this corps were rather of the "Staff Nurse, Old Style" than of the ultra modern school. They were, however, well disciplined and accustomed to working under the direction of the physicians who had selected them. Before they arrived Bellevue Hospital had again sent a volunteer nurse, Lavinia L. Dock, who remained until the others came. Miss Barton took a part in the work of relief, leaving the hospital management to the physicians in charge. After this episode a number of years elapsed without any special awakening of nurses to Red Cross aims.

On the eve of the war with Spain, which prepared the way for the present Red Cross Nursing Service, it may be well to give our readers an impression of the advance of nursing after 1873 and of the main lines upon which it had progressed, with some touches of the personality and characteristics of nursing leaders.

The women who had entered the pioneer field of regenerating hospitals and opening schools of instruction for pupil nurses were women of strong fiber and intense practical idealism. They entered a special world,—the old-time hospital world, where internal conditions of dirt, disorder, immorality among attendants and among patients, bad nursing, coarseness and vulgarity were often hidden behind imposing structures and fine outward appearances. Even among those of the best class, where respectable attendants and a good tone were found, reforms were difficult enough because of the grotesquely long hours,—from twelve to eighteen; the strange survival of systems of duty handed down from the Middle Ages, where nursing attendants rotated from the wards to the washtubs; the total absence of teaching and training, and the generally widespread state of satisfaction of medical men and hospital directors with their domains; with the resulting resistance, often intense and obstinate, to innovations, even though brought in the name of

Florence Nightingale. It has been said of these pioneers and their adventures in reform:

> "The women who plunged into this public housecleaning were so absorbed in it that to them, for a time, the outer world ceased to exist. It was quite as adventurous, quite as exciting, as war nursing. Nurses from different parts of the country met as veterans meet—no other introduction necessary than their identity of experience. When order had been restored and time came for constructive work, they, with one accord the country over, took up the problem of giving their pupils ampler teaching and a more careful preparation than they themselves had had. It may be confidently asserted that never in a modern country has a more disinterested and useful civic service been performed by women than this regeneration of hospitals by women's boards and nurses during the last three decades of the Nineteenth Century. In all estimates of the value of skilled nursing by women of education only half the subject is considered if the immense moral uplift that they have given to institutions be forgotten or ignored.[8]

A number of the early nursing superintendents had been teachers,—for instance, Mary Snively, Louise Darche, Irene Sutliffe, Isabel Hampton and Lucy Drown. Others were representative Southern women with a capacity for driving work before them, such as Lystra Gretter and Miss Caroline Hampton, Wade Hampton's niece. By far the most were women who had never before undertaken careers outside of the family life in which they had been schooled by circumstances.

Every section of the country was represented among the elders in nursing and many of the strongest figures came from Canada, of substantial English stock, indomitable, progressive and serving well the country in which they found opportunity to develop their talents. The methods and system of training and instruction in their hands had been steadily rising since 1873. From the course of two years' hospital work, with instruction limited to the first year, modeled upon Miss Nightingale's pattern in St. Thomas' Hospital, American superintendents gradually extended classes and lectures throughout the course, provided post-graduate work in special hospitals,

[8] "A History of Nursing," Vol. III, p. 117.

arranged for affiliation between two or more institutions in order to insure well-rounded experience, lengthened the two years' course to three, shortened hours as compared with the system of 1860, fixed more exacting entrance requirements and made every effort to raise the ethical and professional plane.

Organization on a wide scale began in 1893 with the formation of the Society of Superintendents of Training Schools for Nurses. The superintendents at once began forming graduate nurses into alumnæ societies (only two such societies had been organized prior to 1893) and these in turn were brought together under the name "The Nurses' Associated Alumnæ of the United States and Canada." Their first regular convention was held in Baltimore, February, 1897. There were then two hundred and twenty-one[9] training schools in the United States and Canada that were regarded by nursing leaders as being already good schools giving a general training, or as building steadily toward that end. They were sending out, yearly, several thousand trained and taught women.

The Associated Alumnæ had at first been formed in a conservative way by the graduates of twenty of the foremost schools, but it rapidly became inclusive of all on a broad general level. The main subject of those early conferences was the protection and maintenance of good standards. For progress was by no means uniform and continuous. Even worse than the direct conflict with the old system, was a swift commercial exploitation of the new one. Opposition had sometimes given place to an imitation skillfully clothed in the appearance of reality. The attractive uniform, the plausible showing of a well-graded course of instruction in print, and the "diploma" were sometimes cleverly used to disguise purely money-making institutions, or those of one specialty only, lacking in equipment and teaching. The methods of the correspondence school, well enough adapted perhaps to some lines of educational preparation for self-support, were beginning to reach into the nursing field and thus thirty years and less after the opening of the large training schools, there were already almost as many different measurements by which to test the "trained nurse" as there were classes of institutions. Problems of this kind brought nurses to consider two principles as basic; first, that

[9] Jane Hodson's book "How to Become a Trained Nurse," listed 299 (1897), not including foreign or post-graduate schools.

the minimum training must be general (i. e., including medical, surgical, gynecological and obstetrical experience); next, that nursing education and administration must be directed by nurses. These principles have controlled the nursing profession in all its subsequent history.

Absorbed then in educational and disciplinary problems and in the extension of their related branches, the nurses of the country had not yet been called upon as an organized body for any public service, nor had they met any national emergency up to the time of the war with Spain.

In her stay abroad after the Civil War, Miss Barton had absorbed the European system of Red Cross nursing and war relief work and had accompanied the German ambulances during the war of 1870. So deeply impressed was she that on her return to her own country, she hoped and planned to establish that system here. It emphasized the volunteer aid, as shown in these Articles:

> IV. In time of peace the committees and sections shall train and instruct volunteer nurses.
>
> V. In the event of war, they shall organize and place volunteer nurses on an active footing.
>
> VI. The committees shall send volunteer nurses to the field of battle.

In 1893 a branch of the American National Red Cross was organized in New York City and through its efforts a small hospital was opened which, Miss Barton hoped, would be the first of many similar institutions and would prepare Red Cross Sisters on the European model, for service under the Red Cross flag. This little foundation, at first located in a small rented house, was formally opened in 1893 in Miss Barton's presence and under her direct auspices. To carry on the hospital work and the teaching, Miss Barton had the aid of Dr. A. Monae Lesser and his wife, who shared her enthusiasm for the Red Cross nursing of Germany. Dr. Lesser was a skillful surgeon; his wife, Bettina Hofker Lesser, who was familiar with foreign nursing systems, was also an American trained nurse, having graduated from Mt. Sinai Hospital School for Nurses, New York City, in 1893.

The circular showing the organization plan of the Red Cross Hospital is a real treasure from the historical viewpoint.

Red Cross Hospital & Training School for Sisters, New York, 233 West 100th Street	Under the direct auspices of The American National Red Cross,
William T. Wardwell, President, A. Monae Lesser, M. D., Executive Surgeon.	Rt. Hon. Clara Barton, President, Washington, D. C.

In order to become a Sister of the Red Cross the applicant must be of unquestionable character and qualifications. Further, she must—

1. Take the regular two years and three months' course of training at the Red Cross Hospital; or
2. Present certificates from some reputable training school for nurses, and take six months' post graduate in methods specially applicable to war or other national calamity. At the expiration of the course, upon giving satisfactory evidence of requisite fitness, the candidate is graduated as a Red Cross Sister and can thereafter act as such either at home or abroad.

In cases of emergency nurses may be enlisted for the special need upon presentation of their certificates and without taking the six months' course mentioned in 2; but it should be understood that at the close of the service in question their relation with the Red Cross ceases, until they can be graduated in the regular way. In this connection, however, credit will be given for character of work done during the enlistment.

The certificates above mentioned are:

a. A certificate of health and character.
b. Certificate (or a true copy thereof) of graduation from training school.
c. The enclosed blank properly filled out.

Candidates must have no idea that there is any romantic or sentimental attractiveness in the stern demands of war, pestilence or famine. The emergencies of the service are often trying, sometimes involving privation and danger, and only those ready for such work can be of real use.

The Sisters are required to be within call at all times, ready to respond to any order authorized by the President of the American National Red Cross. The institution is absolutely neutral and non-sectarian, not in the sense of ignoring, but of respecting every nationality and all religions. The Red Cross is a volunteer institution, guided by and

practising regular military tactics. The Sisters are required to devote their entire attention during the period of their service to the work to which they are assigned, and must cheerfully obey the instructions of their directors.

No salary is paid, but during actual service the best available provision is made for the support and requirements of the Sisters.

Information when and where examinations for ranks may be made will be sent upon receipt of signed application. Should at any time one be found unfit for certain service in the field changes will be made as found proper.

These regulations are made for the purpose of rendering best aid to the sufferer, best assistance to the physicians and surgeons and to those who devote themselves to attend the sick and wounded.

By order of the
RIGHT HON. CLARA BARTON,
President American National Red Cross.
BETTINA A. HOFKER-LESSER,
Sister-in-Chief, Red Cross Hospital.

(For male applicants, read Male Attendant instead of Sister)

In 1870, when Miss Barton saw German nursing, it was by no means model. The deaconesses were then the best trained and Red Cross nursing in war time was largely in the hands of titled amateurs. Twenty years later, when the New York Red Cross Hospital was opened, a number of excellent training schools for nurses had indeed been developed in German Red Cross hospitals, but the whole system on which their nurses were maintained and controlled was foreign to American ideas. The founders of the Bellevue school had affirmed the principle of economic and professional independence for nurses after completing their hospital course and this was tenaciously held to by the young profession. Miss Barton and the Lessers did not perceive how much at variance were their nursing ideas with those which had been firmly established around them. Their hospital organization was destined to fail,—not because it was of small beginnings, but because what they were hoping to do had already been done in a different and more enduring way.

In 1893 when the Red Cross hospital in 100th Street was opened, there were all around it in the large training schools of the city, the very women who later took important parts in

the Spanish-American War work and still later helped to perfect the present Red Cross Nursing Service. But Miss Barton was apparently oblivious of the army of nurses ready trained and eager to serve. Older women, whose memory reached some years back, recalled the fact that even before war was thought of, but as some incident or published word brought the Red Cross to the front, nurses had often applied individually to know how they could "join the Red Cross" and were invariably disappointed at finding no response.

Yet with the oncoming of the Spanish-American War, the New York Red Cross Hospital with pathetic inadequacy stood forth to meet the emergency. We do not know how many Sisters it had trained, nor how much it was prepared to do in fitting civilian nurses for war work, but it is clear that its resources must have been but slight, for in a later report Dr. Lesser wrote:

> During the last four years, from the time Sister-in-Chief Bettina had introduced the idea of training Red Cross nurses in this country, we had labored with the desire of having an adequate number of trained Red Cross Sisters, well known to us and upon whose efforts and capabilities we might rely; unfortunately we met with but indifferent success, there being no thought of war to stimulate the undertaking.[10]

As the prospect of war nursing came nearer and nurses offered their services in various directions, some to the War Department and others to the Red Cross, the Red Cross Hospital enrolled all those of attested character who applied to it, listing some as fully trained, some as partly trained, and others as untrained but capable and intelligent volunteers, and the earliest contingents sent out from it represented all of these groups. A great advance over the chaotic conditions that had prevailed in the yellow fever epidemic was even then obvious. It has been said that there was "only one adventuress" in the first large nursing expedition of the Spanish-American War that was recruited almost entirely by the Red Cross Hospital, and on the other hand that group included a number of professional and volunteer women whose effective services in action soon became well and widely known.

[10] "Conduct of the War with Spain," Vol. V, p. 2384.

CHAPTER II

THE EPISODE OF THE SPANISH-AMERICAN WAR

Organization of the Red Cross in 1898—The Red Cross Sisters—Nursing under the Government—Red Cross Auxiliary No. 3

WHEN the year 1898 opened, the officers of the American National Red Cross were: Clara Barton, president; George Kennan, vice president; Stephen E. Barton, Executive Committee member; David L. Cobb, counsel; Dr. A. Monae Lesser and his wife Bettina, who were, respectively, executive surgeon and chief of hospital work. Before the United States declared war on Spain, Miss Barton had gone to Cuba with relief for the *reconcentrados.* With her was a staff of workers, among them being four Sisters from the Red Cross Hospital. In March, the Cuban Relief Committee chartered the steamship *State of Texas* and loaded her with food, clothing, medicines and hospital supplies for the Cubans. She was a true Red Cross Relief Ship, sent under the Red Cross flag and in conformity with the articles of the Geneva Convention, to be turned over to the American National Red Cross. Miss Barton went to a Florida port to meet the ship and go with it to Cuba, but her plans were frustrated by the declaration of war (April 25, 1898) and the *State of Texas* did not reach Cuba until she went with the transports conveying the United States Army, and entered the harbor of Santiago. Instead of aiding *reconcentrados* Miss Barton had to meet the desperate emergency of aiding ill and wounded American soldiers. So far only as the nursing story goes, her efforts will be recorded here, but in any estimate of the character and extent of the nursing work it must be remembered that this task was a very different one from that which Miss Barton had been authorized to undertake, and that much of the criticism put forth at that time arose from an imperfect understanding of this fact.

At first the Red Cross Hospital functioned as its directors had hoped and meant it should do. At a meeting of the Board of Trustees on April 23, 1898, a committee was appointed to be responsible for a supply of nurses for the war. Sister-in-Chief Bettina (Mrs. Lesser) had a seat on this committee, which began at once to plan for calls for nurses. We may fairly say, therefore, that the Red Cross Nursing Service was historically anticipated at that meeting, by that committee. Soon afterwards its services were formally placed at the disposal of the Government by Dr. Lesser.

At the same time a wide reorganization and enlargement of Red Cross circles was under way in New York City. This was initiated by Mr. William Wardwell, president of the Red Cross Hospital and director of the New York Red Cross Society, who, foreseeing the progress of events, brought about the formation of a larger committee called the "American National Red Cross Relief Committee." This new committee was entrusted by Miss Barton with the task of inviting and promoting the coöperation of similar committees throughout the country. Mr. William Wardwell was one of the vice chairmen of the enlarged body and Bishop Potter was its chairman. The Secretary of State (Wm. R. Day) then made it known that the American National Red Cross would be recognized as "the proper and sole representative in the United States of the International Committee," [1] thus fixing the official status of the Red Cross. Secretary Day also stated that Congressional action would protect the insignia of the Red Cross from use by any unauthorized person. This protection had not previously been accorded by the United States Government.[2]

The early reports of the Relief Committee gave on the title page the names of Miss Barton and other national officers, followed by those of the new group in New York City.

The American National Red Cross Relief Committee as its first step had appointed a "Women's Committee on Auxiliaries" charged with the duty of organizing similar auxiliary commit-

[1] Letter from the Secretary of State to the War Department, quoted in "The Red Cross in Peace and War," p. 377.

[2] Congress did not take the action promised by Mr. Day until 1900. See Congressional Discussions and Actions upon Various Measures of the Incorporation of the Red Cross and the Protection of its Insignia, 1894 to 1910, compiled by Gen. George W. Davis with his Notes on same. Red Cross Library, National Headquarters, Washington, D. C.

tees of women throughout the United States. Almost one hundred such auxiliaries were formed, each one taking up some one special responsibility. They were designated by numbers. The New York group was known as Auxiliary No. 3, but also took the name "Red Cross Society for Maintenance of Trained Nurses." Besides organizing the others it became the central agency of relief and also through a committee on nursing, it took over and finally controlled the whole Red Cross nursing service in New York and influenced materially the general service during the war.

Reference will be made again to the new auxiliary's activities after following the Red Cross nurses in Cuba and tracing the early steps in nursing which were taken by the Government.

Dr. Lesser's official report, written after the events, says of the first steps taken:

> Immediately after the declaration of war with Spain, I received the order from the president of the American National Red Cross to the effect, "that the Red Cross Hospital Department shall be ready for service in the war." By the direction of the president (Miss Barton) all applications for enlistment and communications relating to this service were sent to the New York Red Cross Hospital. A certain standard of experience and character was established as necessary for enlistment on our staff. A number of applications from physicians, nurses and other assistants were received . . . and those whose qualifications and recommendations seemed satisfactory were chosen and placed upon a list for further investigation and final selection. From the large number of names of trained and other nurses the Sister-in-Chief and I had selected men who we believed would be physically able to carry wounded soldiers, also trained nurses and gentlewomen who seemed least susceptible to disease, . . .[3]

When Miss Barton reached the Cuban shore she took her ship to Siboney, where there was need of supplies and aid, and her representatives made their way to the Army hospital. They were not immediately accepted for service there, so carried their offers to the Cuban hospital, where they were gratefully

[3] "Conduct of the War with Spain." Surgeon General's Report, Vol. V, p. 2384. See also "Reports of the American Red Cross Relief Committees," p. 174.

accepted. Presently their assistance was asked for by Major La Garde of the American forces, in a hospital designated by him, and was given.

The Red Cross Sisters, foreign fashion, were called by their first names. Mrs. Lesser, who was Sister-in-Chief, was Sister Bettina. She and Sister Minnie were in charge of the tents; Sister Annie with a volunteer assistant, Mrs. White, was in the Red Cross Hospital; Sister Isabelle and Sister Blanche helped with operations. The need of nurses was already acutely felt. Dr. Lesser said at this point in his narrative:

> News of another battle was expected. Finally it was agreed to request more Red Cross aid by telegraph. A call for one hundred Sisters was suggested and Mrs. Lesser was consulted in the matter. We had fifty trained nurses and assistants on our lists, also women to act as matrons to distribute nourishment, etc., whom we hoped we could rely upon. We promised to send for that number immediately, as we had sent for twenty-five already.[4]

The call for the twenty-five nurses here mentioned is of interest, as it gave their names and was signed by Miss Barton. It was sent to Stephen Barton and transmitted by him to the Auxiliary No. 3, or to the Red Cross Hospital. As it arrived in New York it was written out as here shown:

> Playadeleste,
> July 2, 1898.
>
> Barton, New York,
> William Street.
>
> Siboney—Send nurses nuttell coffin shaw sisters lavinia eva gard 5 gardner rutty bouligney Anna nuessing medora allen strom fleigge hilda olsen edith abrams margaret mcguir doctors nuns gill vogel two hundred fifty equipped bed linen towels clothes.
>
> BARTON.[5]

Before completing the story of the adventures of the little group of Sisters thus caught accidentally, as it were, in the war current, it is necessary to return to the larger events in

[4] "Conduct of the War with Spain." Surgeon General's Report, Vol. V, p. 37.

[5] Files of the Red Cross Society for the Maintenance of Trained Nurses, May to July, 1898.



Copyright, 1898, by Clara Barton.

A group of American Red Cross Sisters who served at Siboney during the Spanish-American War.

Red Cross activity which affected the Red Cross Hospital service, and to trace the steps which had been taken by Miss Barton's officers in preparation for war nursing.

In June, 1898, the Departments accepted the offer of services made by the Red Cross. Dr. Lesser wrote:

> After the Department of War had approved and accepted the services of the Red Cross to supplement the work of the Army Medical Department in case of need, I called, in the capacity of Surgeon-in-Chief of the American National Red Cross, upon Surgeon General Sternburg of the United States Army. I was accompanied by the Sister-in-Chief. We asked the Surgeon General for information in regard to field service —in his opinion a hospital ship would be the best service that we might render. He, however, referred us to Colonel Greenleaf, who, he said, would have charge of the field. After a short interview the Colonel said that he felt there would be a land service and that it would be wise for us to be prepared.[6]

The story now returns to the place where the Red Cross Sisters were left at work with Dr. La Garde. The need of nurses had grown steadily more urgent and finally, as already recorded, a number were cabled for. Dr. Lesser wrote:

> That morning Miss Barton, with George Kennan and several of her staff, had gone to the front and before leaving Miss Barton instructed her secretary, Mr. C. H. H. Cottrell, in the presence of Mrs. Lesser and myself, that at our request he should cable in her name for such persons and material as should be needed in the hospital department. Since it was the wish of the surgeon of the camp, we cabled first by name and then by special list for fifty nurses, ten assistants, a number of immune physicians and complete hospital equipment to make at least five hundred patients comfortable. The wounded continued to arrive for four days. Surgeon Major La Garde did me the honor of consulting me in regard to the nursing and I suggested that some of the Sisters leave the operating tables and take charge of the patients in the tents. The rows of tents were then placed in her (Mrs. Lesser's) charge and she portioned the work of caring for them among the Sisters assisted by hospital corpsmen.[7]

[6] Reports, American National Red Cross Relief Committees, p. 177.

[7] "Conduct of the War with Spain," Surgeon General's Report, Vol. V, pp. 2388-2389-2391.

In the midst of this arduous work, July 15, Dr. Lesser and all his nurses were stricken down by yellow fever. It was supposed that their little Red Cross hospital, which had been constructed in a Cuban dwelling, was infected. At the time much controversy went on as to who was blamable, but since the mode of transmission of yellow fever was then still undemonstrated, the criticism and hard feeling engendered by those disputes were futile. Meantime Dr. La Garde waited impatiently, in great need, for the expected reënforcement of nurses. Still they did not come. They had, however, been dispatched from New York by the Auxiliary No. 3. Dr. Lesser's story tells us:

> In the meantime word from Assistant Surgeon General Greenleaf was received at Siboney, stating that forty-five Red Cross Sisters, surgeons and other assistants had arrived at Guantanamo, waiting to come to us, and as we returned the same day from the fever camp, Surgeon Major La Garde telegraphed and telephoned repeatedly for them to come, but he received no reply. Feeling that under existing circumstances, and exhausted from work and illness, we could not continue to work without more assistance, I applied for our return.[8]

Dr. Lesser and the Sisters went north on the steamship *Concho* from Siboney to New York (about August 24), but no record of the Sisters' subsequent activities have been found. Concealed at first by the absence of surnames, it is quite possible that they returned into war work under their ordinary titles.

The Red Cross hospital had already begun losing its precedence because of the larger organization growing up around it. At the time of Miss Barton's entrance into Cuba, Dr. Lesser had urged that twelve Red Cross Sisters and several others selected by Sister Bettina should be sent on the *State of Texas* to join the four who were awaiting them in the South, but for some (undoubtedly valid) reason they were not sent, to his great chagrin. At this point the opening first appears of that transition process in the nursing system of the Red Cross which led from the little group of volunteer Sisters to the highly modernized Nursing Service of 1917,[9] and such periods are

[8] "Conduct of the War with Spain," Surgeon General's Report, Vol. V, p. 2393.

[9] For fuller details see: Reports of the American Red Cross Relief Committees, p. 178, and "Conduct of the War with Spain," Surgeon General's Report, Vol. V, p. 2384.

painful to those who find themselves displaced. One cannot but feel that the Lessers did not have a "good chance" and that Sister Bettina might have administered easily the larger staff of nurses that she vainly tried to secure.

To return to Dr. La Garde; the failure of the nurses so eagerly awaited and so much needed, to reach him, had its explanation in the unwillingness of the Surgeon General's office to send nurses into Cuba who were not known to be immune to yellow fever, for Dr. Sternberg was very careful on this point. Other reports of those strenuous days confirm Dr. Lesser's story and among several references to the nursing situation of that time that are to be found in the report of Dr. Charles R. Greenleaf, Chief Army Surgeon in the Field, one explains why Dr. La Garde did not receive his reënforcement of nurses:

> On the 18th of July we proceeded to Guantanamo Bay, the rendezvous for the Porto Rican expedition. At this place we found a detachment of doctors and female nurses on board the steamship *Lampasas* that had been sent to work with the Red Cross Association. As they could not go into Cuba or land from their own ship, I determined to use them in the Porto Rican expedition, and subsequent events demonstrated the wisdom of this action, since the increase of typhoid fever cases on board the steamship *Yale* was very large, requiring the transfer of some eighty odd to the ship on which these nurses were quartered, which I converted into a quasi-hospital ship, notifying the medical officers in charge of the various transports to send their sick to it, and with them descriptive lists, complete transfer lists, and sufficient quantities of medical supplies and rations to last during the return voyage to the States.[10]

Later in the summer a report on this expedition was sent to the American Red Cross by one of the party, Miss Rutty, who had been placed in direct charge of the trained nurses. She was not a nurse, but had been efficient and practical and showed gifts of management. Her report is included at this point, because it is a connecting link between the Red Cross Hospital war work and that of the Auxiliary No. 3. Addressed to Sister Bettina, as still holding the position of Sister-in-Chief, the reports of the Auxiliary to be given later show that the *Lampasas*

[10] "Conduct of the War with Spain," Report of the Surgeon General, Vol. I, pp. 636-638.

party, though made up chiefly at the hospital, was merged in the general department of administration of the auxiliary.

Report of the Red Cross Expedition Aboard the S. S. *Lampasas*

To Bettina Hofker Lesser, Sister-in-Chief, American National Red Cross

Left New York July 4 in charge of nine nurses, one surgeon and two assistant surgeons, under orders to conduct party to Cuba. Miss Anna Boligny according to orders joined us at Washington. At the Port of Tampa we joined Miss Gill and her party, and under instruction from Mr. Stephen Barton put up at Tampa Bay Hotel, and waited for transportation. The conduct of the nurses while at Tampa was especially commended by the officers of the Army and Navy with whom they came in contact. On the night of July 7, Major Carter of the Divisional Hospital, General Snyder's Camp, Picnic Island, asked for nurses for typhoid nursing. For this service two night nurses and two day nurses were detailed for duty during our stay in Tampa. July 8 we boarded the S. S. *Lampasas*, and on July 12 sailed from the Port of Tampa, Miss Gill having given into my hands all matters pertaining to the finances of the combined parties. Arrived at Key West evening of July 14. At Mr. Cobb's request I went ashore to cable to New York for funds. Ship sailed before answer came. We were instructed to remain on board the *Lampasas* at Santiago until Red Cross orders came. Sailed into harbor of Santiago morning of July 19. Colonel Black having gone ashore for orders, reported that nothing could be learned of the Red Cross authorities; that on account of the presence of yellow fever, anchor would be weighed at once, and all communication would be cut off. As we were under orders not to leave the ship until so instructed, we sailed to Guantanamo. On the morning of the 20th gave orders that the Red Cross party was to be ready to leave the ship at noon. Orders from General Miles that we go on board the *Oregon* and return to Santiago. An interview being had with General Miles, he authorized us to remain on board while awaiting orders, and such orders failing us said he would gladly utilize us at the front. An additional order came from General Miles that all immune nurses should be detailed for work at Santiago. Mrs. Bull, the only immune in our number, was transferred to the *Oregon* in company with Miss Wheeler who had special

permission to join her father. Colonel Black kindly put me ashore, where I cabled to Mr. Stephen Barton explanations, and asking for funds and supplies. Colonel Greenleaf had stated that the supplies at hand were only adequate for the needs of their own surgeons. Rumor reached us at this time that Dr. and Mrs. Lesser were very ill with yellow fever, and Miss Barton having failed to respond to a message sent by Mrs. Nutall in charge of the party on the *Nueces* and no word reaching us from Dr. Barton, we sailed for Porto Rico. Having learned that it was absolutely necessary for our future usefulness that an organization be formed, the nurses and doctors held a mass meeting on July 22 and elected me director and Sister-in-Charge. Sailed into Guanica July 25 and on same afternoon received sixteen patients from *Comanche*. Following morning fifty-seven came from *Yale*. Anchored off Ponce, evening of 28. Quarantined by Dr. D. R. Burns on account of three cases of measles and pemphigus. Removal of quarantine on 31st. On July 31 we were asked to proceed north with our patients. Colonel Greenleaf did all in his power to assist us and requested me to proceed to Washington to report to Surgeon General Sternberg at the earliest possible opportunity. Sailed August 1st leaving Miss Chanler and Miss Boligny at Ponce at their special request, and with General Miles' sanction. According to instructions we landed our one hundred and two patients at the general hospital, Fortress Monroe, August 7. From Fortress Monroe I proceeded to Washington and delivered Colonel Greenleaf's letter to Surgeon General Sternberg, going thence to New York and reporting to Red Cross authorities on August 9. We now await further orders. Special mention should be made of Mary E. Gladwin, whose management of the diet kitchen merits the greatest credit and appreciation on the part of those who worked with her and also of the National Red Cross. Beatrice Von Homrigh was most efficient in systematizing the nursing on a plan which has been placed on file.

Respectfully submitted,

ISABELLE E. RUTTY,
Sister-in-Charge.

Miss Shaw, a young Bellevue trained nurse who had applied at the Red Cross Hospital, was included in this group and her recollections are lively enough to deserve more space than we can give them. She said of the stay in Tampa:

Typhoid fever was raging there and the nurses wished to care for the sick men, but there was great difficulty in getting

permission to do this, as there seemed to be no organization. One never knew what would become of one next. All one's service seemed haphazard.

Miss Shaw told how the nurses were repeatedly transferred from one location to another, "always obeying the last order, no matter how conflicting with the preceding one."

Her recollection was that an engineering corps was about to leave for Cuba on the *Lampasas* and that the nurses, on their own motion, persuaded the captain to take them also. To gain his consent they had to agree to relinquish temporarily the protection of the Red Cross and accept all the hazards of war on a war ship sailing under military orders in hostile waters. When they arrived in Santiago Harbor, the sailors on the ships in the harbor turned spy-glasses on them and shouted "Skirts!"

This picturesque but somewhat adventurous expedition of the *Lampasas* in the early, chaotic period of the first war conducted by this country since 1864, though much criticized at the time, cut a path for later Red Cross nursing service and won many friends for nurses. Dr. Charles R. Greenleaf, Chief Surgeon in the Field, wrote:

> The service rendered by the members of this detachment of Red Cross people has been invaluable, and they are entitled to great credit for their devotion to duty, their zeal and their unremitting care of the sick under circumstances that were peculiarly trying. I shall be glad indeed to welcome them, should they return, and I can always find suitable work for them in the base field hospitals.[11]

Later in the summer Dr. Greenleaf wrote to Dr. Sternberg:

> Porto Rico, August 28th.
>
> Cabled you to-day for Miss Rutty and thirty nurses. I know her to be a good administrator and valuable woman and if she can bring with her the nurses who were on the *Lampasas* I shall be much pleased and you will be sure of good service.[12]

With this episode the immediate connection of Miss Barton's staff with war nursing ends and no further records are available of the intrepid little group of Sisters and Sister-in-Chief Bettina. A nursing report written by the latter and covering

[11] "Conduct of War with Spain," Vol. I, p. 576.
[12] *Ibid.*, Vol. I, p. 603.

the whole period of their service is alluded to in several documents, but cannot be found. It must be concluded that it was not preserved, an oversight that, from the historical standpoint, must be deeply regretted. For some little time Dr. Lesser continued to enroll nurses at the Red Cross Hospital, until the complete organization of Auxiliary No. 3 centered all Red Cross nursing activities in its committee.

A few lines are needed for the final history of the Red Cross Hospital. As the war went on, its staff was depleted and its regular work interfered with, but it kept on in the face of difficulties and a certain number of applicants passed through it, some of whom made their way directly into the army service, while others were listed by the Auxiliary No. 3. After the war was over the original New York Red Cross Society endeavored to carry on the hospital according to its first plans. In 1903 a special corporation was formed to manage it and in 1907 the building at 99th Street and Central Park West was erected and continued for several years as the New York Red Cross Hospital. Agreements with the National Red Cross at Washington were made (1903) by which the New York Society was to have two members on the hospital board and the hospital was to be regarded as an affiliated body under the general jurisdiction of the National Red Cross. It was still hoped, in some quarters, that the National Red Cross might extend the work of developing its own hospitals for the training of Red Cross nurses, but with the gradual abandonment of this idea, as the greater possibilities were perceived of building up a nursing service by the help of the professional forces already existing, the relationship of the Red Cross Hospital to the National Committee ceased to have any vital significance, and in 1914 this relation was finally severed by mutual consent. The hospital changed its name and became the Park Hospital.

At the same time that the Red Cross was organizing for aid, the United States Government was preparing an official nursing staff in the event of war and because of the close relationship of the Army Nursing Service to the Red Cross, in this as in every country, it is important for us to follow here its main lines. The scope of this work does not permit a detailed presentation of the Army Nurse Corps and its activities at that time, but compels us to pass over much of interest and value that belongs properly to a history of a general, rather than of a specialized kind.

> As early as February, 1898, officers of the Government began to receive applications from women who wished to serve as nurses during the approaching war and all those letters and papers found their way to the files of the Surgeon Generals of the Army and Navy.

So wrote the medical woman who became the official head of the trained nurses employed by the government in Army nursing during the war with Spain, and whose nursing staff developed into the Army Nurse Corps.

Anita Newcomb McGee, M. D., was the daughter of the distinguished astronomer, Simon Newcomb, and inherited intellectual powers. Her medical studies were taken in the Columbian (now George Washington) and Johns Hopkins Universities.

She was a woman of strong personality, attractive in appearance, small, with dark hair and dark blue-gray eyes, of very quick movements and keen, rapid mental processes. Her social and scientific position naturally brought her into close acquaintance with Washington's notables and before war was declared she had conversed with the Surgeon General of the Army, General George M. Sternberg, upon the use of trained women in Army work. It was his purpose if war came, to employ women as nurses, but it was Dr. McGee who dwelt upon the importance of having them professionally well trained and who succeeded in carrying this principle into the service. She was a Vice President General of the Daughters of the American Revolution and this society at her suggestion formed a "Hospital Corps Committee" of which she was the chairman, with Mrs. Amos G. Draper and Miss Mary Desha as her chief assistants. Dr. McGee offered the Government (April 27) the services of this committee and the offer was accepted. In July at the request of the Surgeon General Congress had authorized the employment of contract nurses "regardless of sex."

Dr. Sternberg's official reports and papers give the following account of the creation of the Army Nurse Corps and a picture of the deficiencies existing in the pre-war Army nursing system:

> The original purpose of the Medical Department was to have all the nursing and other work of the hospitals, including the clerical and dispensary work, done by trained members of the Hospital Corps; but the Act approved April 22, 1898, providing for temporarily increasing the Military

Establishment, failed to include Hospital Corps privates for the volunteer regiments. The great majority of the Hospital Corps men secured by enlistment and transfer had little or no proper training as nurses and as a consequence were largely inefficient. At the outbreak of the war nursing in the Army was done entirely by the men of the Hospital Corps; but the employment of contract nurses, regardless of sex, was authorized by Congress in March, 1898.[13] Before the 30th of April almost a thousand applications had been received from women who wished to serve as nurses but no examination of these applicants had been possible. On April 28 the National Society of the Daughters of the American Revolution offered its services to the Surgeon General of the Army in the capacity of an examining board for female nurses and this offer having been accepted, the following day all applications from women were referred to it for examination. The status of this organization rendered it peculiarly suitable to undertake this work. It has headquarters in Washington City and twenty-five thousand members living in every state and territory of the Union and as it had no affiliations with any hospital or body of nurses it is entirely unprejudiced in its judgment. Mrs. Anita Newcomb McGee, M. D., a physician in good and regular standing and Vice President General, National Society of the Daughters of the American Revolution, was designated as director of the "Daughters of the American Revolution Hospital Corps" and placed in charge of this work. Her statement regarding the method of selection is as follows: "In accordance with directions from the Surgeon General, only graduate trained nurses

[13] The Congressional authorization above mentioned was asked for in April, and obtained in July. Special authority for the employment of women nurses in the Army appears in Sections 1238, 1239, 1277, and 1279, Revised Statutes of the United States, providing compensation at forty cents a day and one ration. These date from the time of the Civil War and are the outgrowth of that war.

No women nurses were employed in the Army from the time of the Civil War until the Spanish American War. Under date of April 28, 1898, the Surgeon General, by letter to the Secretary of War, requested authority to employ by contract as many nurses, male or female, as might be required during the war with Spain at the rate of thirty dollars a month with a ration. The Secretary granted the authority asked for under date of April 30, 1898. No legislation in the premises was, however, enacted until the Deficiency Bill of July 7, 1898, which authorized the employment of three hundred civilian nurses at thirty dollars a month (30 Stats. 703). Items for the pay of civilian nurses without any limitations of number or rates of pay appear in the Deficiency Appropriations for the Medical and Hospital Department in the Deficiency Acts approved January 5, and March 3, 1899 (30 Stats. 778 and 1225).

were accepted by the Daughters of the American Revolution as eligible and they were required to fill out blanks like the one appended hereto. In judging a nurse, three points were considered: First, professional ability: as evidence of which endorsements from physicians were usually submitted. In all cases the superintendent of the training school from which the nurse graduated was asked for endorsement, and when this was refused, the nurse was not accepted. A few women physicians in good standing were also accepted as nurses. Second, character: to establish which the endorsement of a Daughter of the American Revolution was requested (though never exacted). In lieu of this, the signature of any lady of known standing was accepted. Committees of 'Daughters' were formed in all large cities and in many small ones and rendered admirable service in securing suitable applicants. Third, health: as evidence of which a physician's certificate was required. In certain cases, however, where the need for the nurse was too urgent to admit of delay and where there was no reason to doubt her health, this certificate was not filed. Originally the nurses were required to be between thirty and fifty years of age, but the large number of desirable trained nurses who were under thirty caused that limit to be disregarded. The evident necessity for and importance of the limitation of appointments to trained nurses, was neglected only in the sending of nurses to Santiago. As it was essential that they should be immune, it was impossible in all cases to require graduation. The assistance of all organizations that desired to recommend nurses was gladly welcomed and applicants who conformed to the standard were accepted without regard to creed. Almost five thousand applications were examined by my associates and myself and about one-fifth of that number were accepted as eligible for appointment." This arrangement with the Daughters of the American Revolution continued until September 7, since which time Dr. McGee, having been appointed acting assistant surgeon, United States Army, has been on duty in the War Department, in charge, under my immediate direction, of matters pertaining to female nurses.

In addition to the contract nurses, selected as above stated, Mrs. Namah Curtis was, on July 13, sent by direction of the Surgeon General, to New Orleans and other cities to secure the service of colored immune women as nurses at Santiago, and thirty-two were selected by her. At the camps at Montauk and Jacksonville the chief surgeons were authorized to contract with nurses who might apply to them, and at each place a small number were enrolled in this way. The nursing

> at a few of the Army hospitals has been done by volunteers, with whom no contracts were made.[14]

Though in the quotation above, "directions" are attributed to the Surgeon General, it was really Dr. McGee who defined the standards and aimed at maintaining them, for she was deeply interested in the success of women nurses in the army. Being a woman, she was solicitous for the prestige of women undertaking a new responsibility and as a professional woman herself, she was eager to uphold the professional worth and dignity of the army nurses. The directions actually given by General Sternberg were, that nurses should be chosen from all parts of the United States, if practicable, and that "political pull" should be entirely ignored.

In view of the novelty then of trained women nurses in Army service it is interesting to know how Dr. McGee arrived at her decisions in selecting her nurse corps. Although the first printed regulations did not qualify the words "a training school for nurses," yet in fact the best known institutions were always first applied to. In listing them, Dr. McGee consulted Jane Hodson's book "How to Become a Trained Nurse," and advised with Georgia M. Nevins (then head of the Garfield Hospital, Washington), Isabel McIsaac, superintendent of the largest training school in the West, the Illinois Training School for Nurses, Chicago, Sophia F. Palmer, then chairman of the Daughters of the American Revolution committee in Roches-

[14] "Conduct of the War with Spain." Reply of the Surgeon General to the Committee. The Selection of Female Nurses. Vol. I, pp. 725-726.
The question blank sent to nurses was as follows:

Name in full.
Address and nearest telegraph station.
Do you desire appointment in Army or Navy?
How soon after receiving an appointment can you leave home?
Have you had yellow fever?
Are you a graduate of a training school for nurses?
If so, what school and what year?
What other hospital experience have you had?
Have you nursed continuously since graduation?
If not, what has been your occupation?
What experience have you had in invalid cookery?
What is your age? Date and place of birth?
Color? Height? Weight?
Are you single, married or widowed?
Are you strong and healthy and have you always been so?
Have you a tendency to any disease?
Have you been successfully vaccinated and when?
What is your legal residence?

ter, New York, and other superintending nurses of note. As the war went on, periods of great emergency arose, when women possessing every qualification were not available in sufficient numbers and at those times, the less well-equipped graduate nurses had to be called upon.

The first volunteer offers made to the Government had come from individual women. On the declaration of war these were followed by groups, or organized bodies, of which there were in all, as Dr. McGee has recorded, no less than eighteen. Among the earliest were the National Emergency Association of Women Physicians, Surgeons and Nurses, of Chicago, whose president was Gertrude G. Wellington; the Graduate Nurses' Protective Association of New York State through Miss Enright; an association of the Connecticut Training School through Mrs. John Kerrigan; the Metropolitan Nurses' Club through Mrs. Mary Hatch Willard; St. Barnabas Guild Club of Nurses, and many Catholic orders.

The Associated Alumnæ (whose formation has been described) requires special mention, for this body subsequently became affiliated with the Red Cross and later broadened into the American Nurses' Association. In April, 1898, it was in session in New York City for its first regular convention after organization had been effected and it there offered its services to the Surgeon General. The president was Isabel Hampton (Mrs. Hunter) Robb, whose contributions to nursing education and to organization are so important and so closely interwoven with our history that we must pause here to bring her before our readers. Isabel Hampton was a Canadian of English parentage, of a fair and stately type of beauty. Her presence was both imposing and winning, for a special graciousness and ardor shone in her blue eyes and gave her sweet English voice a vibrating, electric quality. Miss Hampton had graduated from Bellevue when still below the usual age of admission. She had held two important hospital positions, first as head of the Illinois Training School, then of the Johns Hopkins School for Nurses, which she organized and directed until her marriage. She had been foremost in advancing nursing education and in promoting nursing organization. Marriage did not lessen her devotion to her profession and she was, until her death, its chief spokesman in its various causes and undertakings. Her co-officers in the organization at the time of the war were Helena Barnard (Johns Hopkins), Mrs. Hawley (Miss Horner from

the Nightingale School in England), Tamar Healy (Brooklyn City Hospital) and Jean A. Hopkins (Bellevue).

Mrs. Robb brought the war situation before the convention and the following telegram was sent to Surgeon General Sternberg:

> The Associated Alumnæ of Trained Nurses of the United States and Canada, including two thousand graduates of twenty-four training schools, offer their services for any work which the Medical Department of the Army may demand of them in connection with the war with Spain.
>
> By direction of the delegates now in session in New York City,
>
> (signed) Isabel Hampton Robb, President.

By an error in transmission the word "nurses" was written "music" and Mrs. Robb's name was misspelled. The reply received was the usual courteous form of declining with thanks. As a result of this misunderstanding the convention took no further action, for the time of its adjournment had come, and thereafter its members entered the war service as individuals, many through the War Department, and others through the Red Cross Auxiliary No. 3. Mrs. Robb, however, went to Washington and saw Dr. Sternberg and Dr. McGee. They warmly welcomed the offer of coöperation, but a definite mutual agreement was not finally arrived at, because of different points of view as to methods. Mrs. Robb, with her intimate knowledge of training schools and nurses, would have urged a somewhat exclusive standard of requirements, which Dr. McGee, from her more extensive acquaintance with the War Department's probable needs and what it would do officially, could not promise. The Government's plans were already formulated and well under way.

On May 10, 1898, contracts were signed with the first group of six Army nurses. From this date, then, one may informally reckon the beginning of the present Army Nurse Corps, while its purely official date will be met with a little later. Two of the six were immunes, chosen by the Surgeon General, and with whom Dr. McGee had nothing to do. The other four were: Johnetta B. Sanger and M. Agnes Lease, both of the Johns Hopkins; Alice P. Lyon of the Brooklyn Homeopathic; and Margaret E. Schaffer of the Philadelphia Hospital.[15]

[15] Army Nurse Corps Index, Surgeon General's office, A. N. C. Div.

They were selected by Dr. McGee for Key West but were not sent there immediately.

The relation of the nurses to the Government and Dr. McGee, during the time of her work as Director of the D. A. R. Hospital Corps, is indicated below. The excerpt given also shows how the formal appointment of Dr. McGee to an army position on August 28, 1898, was made. This began the official existence of the Army Nurse Corps:

> During the summer all applications from women, whether addressed to the President, the Secretaries of War and Navy, or the respective Surgeon Generals, were sent to us for examination and reply. We were, therefore, more closely associated with the Government than any other volunteer organization; but, on the other hand, the limits of our responsibility had always been sharply defined by the Surgeon General of the Army. We had no official relations or communications with the surgeons, *and our official connection with a nurse ceased absolutely when she, having been accepted, signed the army contract.* But when a large body of nurses had entered the service many questions arose, necessitating official action in the Surgeon General's office, such as the receipt of reports from surgeons and ordering of transfers between hospitals. As I was the person having the greatest knowledge of this work, and as it was impossible for a volunteer to conduct it, the Surgeon General appointed me as acting assistant surgeon. He then believed that the contracting with fresh nurses was about at an end, and therefore, on September 7 the Daughters of the American Revolution were relieved, with thanks, from further duty in connection with this office. Since that time I have been on duty in the War Department, my orders immediately on appointment having been to New York and Montauk.[16]

The nurses who signed contracts with the Government were classed as the "Nurse Corps (female)," with Acting Assistant Surgeon Anita Newcomb McGee as their superintendent. These titles were used officially by Dr. Sternberg in his reports of that time to the War Department, but in signing papers Dr. McGee wrote herself "In charge, Army Nurse Corps." The Corps was classified as consisting of chief nurses, nurses and reserve nurses. After they entered the Army the title

[16] Dr. McGee's testimony, "Conduct of War with Spain," Vol. VII, p. 3173.

"Nurse," formerly applied to the enlisted men on ward duty, was restricted to the women. The regulations governing their appointment and defining their duties, pay and privileges, were issued from the Surgeon General's office.

After June 20, 1898, the printed regulations specified "two years residence in hospital training school" for applicants to the Army Nurse Corps, thus defining what had been the actual practice. In the late summer, with the calls for the typhoid camps, the rules had to be sometimes relaxed and nurses were then accepted from small or special hospitals. There were also four large camps where, during the heaviest emergency, the chief surgeons had been authorized to secure women nurses without regard to training. This method did not commend itself as one to be approved.

In round numbers the nurses in service were listed as follows:

September, 1898	1,200
December 30, 1898	686
July 1, 1899	202
Total serving to July 1, 1899	1,563
Number of applicants	6,000
Fatalities: Trained nurses	5
Catholic Sisters (out of 250)	5
Untrained (immune) nurses (out of 100)	3

All deaths but two were from typhoid.

After the war was over Dr. McGee gave interesting testimony before the Congressional Committee, from which a brief section is taken:

Q. How many of those nurses proved to be thoroughly well-trained nurses?

A. We accepted only graduates of training schools who were endorsed by the superintendent of their schools. Therefore less than a dozen that we sent were afterwards found to be undesirable.

Q. Did they prove to be efficient in the various hospitals?

A. Very. We have received very satisfactory reports from all hospitals.

Q. So far as you know, has the experience in this war shown that female nurses may be properly employed in military hospitals?

A. Yes, sir, decidedly so.

Q. How near to the front have female nurses been sent; in other words, how near to the moving column have there been female nurses in military hospitals?

A. Female nurses went to Santiago in the middle of July.

Q. As a result of the experience in the months just past, do you think it advisable that female nurses should be employed in military hospitals?

A. Yes, sir, decidedly.

Q. Has such opinion been expressed to you by the authorities in the Medical Department?

A. It has been expressed to me by a large number of surgeons who have been in Washington.

Q. The nurses, then, numbering about one thousand, their actions being satisfactory to the medical authorities of the hospital and satisfactory to the organization that selected them, is there any reason, think you, for hesitating to employ female nurses in any military hospital other than that in the immediate vicinity of the firing line, where I suppose no female nurse can go?

A. I should judge their presence was extremely desirable, as they had a better training than the vast majority of the men available for the Hospital Corps. This is the chief reason. They were employed in foreign armies and are a permanent part of the British army, where their services have been very satisfactory. You spoke in a recent question of one thousand nurses. In giving this number I was speaking only of those accepted by the Daughters of the American Revolution.

Q. To what extent have the religious orders been called upon?

A. To the full extent of their offer.

Q. Will you tell us what that extent was?

A. The Sisters of Charity furnished a few over two hundred of their Sisters; the Sisters of Mercy of Baltimore, thirteen; the Sisters of the Holy Cross, eleven; the Sisters of St. Joseph, eleven; the Congregated American Sisters, which consists of Indian women from South Dakota, five; the Sisters of St. Margaret, which is a Protestant sisterhood, two; the St. Barnabas Guild, which is also an Episcopal organization, quite a number. We accepted the nurses regardless of their religious belief if they filed their applications in the usual way, and all those Sisters filled out the application blanks furnished by the Daughters, and certified their qualifications individually and all were under contract and received pay exactly as the other nurses.

Q. As to those less than three hundred furnished by the various orders, have the reports of them been satisfactory to you?

A. Some of the surgeons prefer them to the other nurses and some prefer the others.

Q. To what extent have female nurses been employed in diet kitchens in the various hospitals, either as superintendents or occupied in the work of the diet kitchen?

A. They have been employed in a considerable number of hospitals in charge of diet work. I have had several calls lately for women to supervise that work.

Q. Have the reports that you have received from the diet nurses of those occupied in the care of the diet kitchens been satisfactory to you?

A. Yes.[17]

About the routine of assigning nurses Dr. McGee said:

> The original procedure was, when the Surgeon General received requests from surgeons for nurses, he sent over to me representing the Daughters of the American Revolution, with my associates, for a certain number of nurses to go to a certain place. I and my associates selected the number and sent the names and addresses to him. His clerks then made out the contracts and mailed them to each nurse with a transportation order. She then went to the hospital to which she was ordered.[18]

Dr. McGee's testimony also makes clear in an interesting way the record of the nurses and throws light on complaints that were numerous at that time, of undesirable and unsuitable women who entered in irregular ways through individual heads of camps; but it is needless to enter into these minutiæ.

Surgeon General Sternberg should be more than a name to nurses and our readers may be referred to his biography for the details of his life.[19] His recognition of women in their professional capacity was very striking indeed, in comparison with the general military reluctance of that time to admit women into war nursing, and the more so, as his own long Army training had made him conservative and averse to innovation. He had little knowledge of what women could do and at first

[17] "Conduct of the War with Spain," Vol. 7, pp. 3168-3180.
[18] *Ibid.*, pp. 3173-3174.
[19] "A Biography of George Miller Sternberg," by Martha L. Sternberg.

anticipated placing them only in base hospitals. He appeared an austere man, not easily approached nor readily persuaded. He was entirely free from political opportunism. "Pull" was odious to him and this was of the greatest importance to the nursing service. After the war, Dr. McGee said of him:

> The Surgeon General had of his own initiative and without suggestion from anyone asked from Congress and received an appropriation for the payment of contract nurses, either male or female. Had he not done this, the Nurse Corps could have had no existence, and so it should never be forgotten that however much the Surgeon General may have been assisted by others, the first and fundamental action towards the recognition of women nurses in the army was taken by Surgeon General Sternberg.

The work that Dr. McGee herself did was pioneer effort of an original and difficult kind and in its execution she commands the appreciation and recognition of the nursing body for breaking the ice of military routine and opposition to women nurses in the Army and for the care and regard she had for good professional standards. She bore the brunt of heavy initial responsibilities and difficulties, with the usual criticism that pioneers meet, and so made it easier for those who followed her. Many nurses of the finest quality first entered the war nursing through her office, women who became distinguished and who still hold important places in the Army, Navy and Red Cross services. She was staunch and loyal to them, fair, kind and helpful in her personal relations with them and had their strong regard.[20] One who knew her said of her:

> Her friends were devoted to her; those who were hostile were equally strong in their feelings. Her ability as an organizer was considerable; her ability to carry her point was remarkable; she kept in touch with her chief nurses, writing often to them. She had great influence with prominent

[20] In the winter of 1898-99, Dr. McGee and the members of the Army Nurse Corps founded the Society of Spanish-American War Nurses, and Dr. McGee was for six years its president and later its honorary president for life. The other officers in its first years were: vice presidents, Dr. Laura A. Hughes, Mary J. McCloud, Isabel Jean Walton, Dr. Isabel Elliot Cowman, Annie A. Robbins, Rose Meiselbach, Mary E. Dreyer, Anna Elizabeth McEvoy, Ysabella B. Waters and Elizabeth Porteous; recording secretary, Lela Wilson; treasurer and corresponding secretary, Harriet Camp Lounsbury.

politicians and all the nurses believed that she had done much to help pass the Army and Navy bills after the war.

In the autumn of 1900, when the Army reorganization bill, to be referred to later with more detail, was in preparation, Dr. McGee at the request of the War Department wrote the section which made the Nurse Corps, as it had been organized, a permanent part of the Army. This marked the end of the pioneer work and brought a climax of success, long hoped for, to the first chapter of the story of the Army Nurse Corps. Dr. McGee then tendered her resignation, which took effect December 31, 1900, and selected Dita H. Kinney, one of her chief nurses, as her successor.

If, as has been said, the present Red Cross Nursing Service was foreshadowed by the Red Cross Hospital Committee on which Sister Bettina sat, it is even more certain that it had an advance demonstration of a prophetic character in the nursing work of Auxiliary No. 3, known also as the Red Cross Society for the Maintenance of Trained Nurses. On the auxiliary were women who had always been familiar with the hospital and nursing conditions of New York City, such as Mrs. James Speyer, president of the auxiliary and of the Red Cross Hospital, Mrs. Bayard Cutting, Mrs. George H. Shrady, Mrs. William Sheffield Cowles (Theodore Roosevelt's sister) and Mrs. Lanman Bull. Two women of exceptional character bore the direct responsibility of the Committee on Nursing. One of them, Mrs. Whitelaw Reid, by her charitable interests was already closely identified with the hospital and nursing worlds; the other, Mrs. Winthrop Cowdin, had not been in contact with nursing matters up to that time. Mrs. Reid, who was also the auxiliary's secretary, was the first chairman of the Committee on Nursing. An old friend [21] who worked intimately with her through those days has since written of her:

> Elizabeth Mills Reid is an exceptional woman, a possessor of large wealth and of long years of social and diplomatic experience, especially during the time when her husband, Mr. Whitelaw Reid, was American Minister to France and Ambassador to England. She is a woman gifted with the virtues of simplicity, of sympathy and of loyalty to her ideals and her friends. To any object which commands her interest, she has brought practical business ability and understanding

[21] Miss Mabel Boardman.

> combined with clear vision and whole-hearted devotion. She has given not only of her wealth but of herself to the great causes for which she labored, prominent among which have been the American Red Cross, the hospitals she has built and aided and the public health nursing service she has done so much to support.

Another of the Spanish-American war workers [22] of the Red Cross wrote of Mrs. Cowdin:

> Lena Potter Cowdin, in succeeding to the chairmanship of the Nursing Committee, brought to it excellent administrative ability and some executive experience in Civil Service Reform work. She had had neither previous special interest nor experience in nursing matters. She had, though, the broad human sympathy of her father, the Rt. Rev. Henry Codman Potter, and very unusual qualities of mind and spirit. Her good method, superb grasp of problems and power to inspire loyalty and enthusiasm in her staff made her a rare executive. Personally spirituelle and eager, she resembled, to her friends' eyes, a "flying Victory."

These women naturally came at once into close touch with the leading superintendents of New York City. Foremost among the latter was Anna C. Maxwell, at the Presbyterian Hospital, eminent by reason of her great gifts and abilities, her compelling personality, stately presence and uncompromising ideals of nursing. Anna Caroline Maxwell was by birth a New York State woman, whose Scotch clergyman father endowed her with the strong qualities so notably blended, in her character, with a great charity of judgment. She became interested in nursing and with a "love of difficult tasks" took the course of training in the early days of the Boston City Hospital School. Following this she was for a time Matron in the New England Hospital for Women and Children; and later was called to the position of superintendent of nurses of the training school, Montreal General Hospital, an exceedingly difficult task at which she did not remain long. Later she was superintendent of nurses in the Massachusetts General Hospital for seven years. She was called from there to St. Luke's Hospital, New York City, where she reorganized the school of nursing and where she remained for three years. Then she was invited in 1891 to establish the School of Nursing of the

[22] Miss Laura D. Gill.

Presbyterian Hospital, also of New York, where she spent thirty years,—an unusual record in this country,—and where she built up a school of fine traditions, of international fame, distinguished for the high character of its training and ideals. She was always deeply interested in the Red Cross and from the first an untiring worker in its activities. It may be truly said of Miss Maxwell, that no appeal for help that it was possibly in her power to give, was ever made to her in vain.

Another of the New York nursing leaders who took an important part in the war nursing under Red Cross auspices was Mrs. Lucy W. Quintard, at that time head of the school of St. Luke's Hospital. Mrs. Quintard had graduated from the Connecticut training school in New Haven in 1890, with special honors (the "Red Seal" indicative of an excellent record). Immediately afterwards she was appointed superintendent of nurses there and remained at the head of her alma mater until November, 1895, when she was called to New York. Mrs. Quintard had, during the war, one of the most difficult posts, that at Camp Wikoff, Long Island, and fulfilled its duties with great tact and ability. After the war she was called to assist in the reorganization of the civil hospitals in Cuba. Later she devoted herself to the Visiting Nursing Association in Philadelphia, where she died. Mrs. Quintard was exceedingly earnest, gentle, but firm in discipline and deeply religious. To her, the war work was a cross.

At the New York Hospital was Irene H. Sutliffe, whose whole professional life was identified with its history. She was trained there, was made Directress of Nurses and only left it for the short period of war nursing, until the time came when she finally retired from active service. During her many years of authority there and afterwards, when she went into residence at the New York Nurses' Club, she had a special hold on the affections of her pupils. Of unassuming manner, great kindness and sympathetic insight, her professional career was peculiarly one of personal influence. Other New York superintendents, all women of ability and character and who shared in the responsibilities of that time, though less directly drawn into the war work than the three especially mentioned, were Agnes Brennan, at Bellevue; Mary Samuel, at Roosevelt; Miss Rykert, at the Post-Graduate; Katherine Sanborn, at St. Vincent's; Mrs. Dean, at Mt. Sinai, and Mary S. Gilmour, at

the New York City school. With these nursing leaders the women of Auxiliary No. 3 formed a strong alliance.

In the early part of the auxiliary's activities Dr. McGee went to New York to talk over with its members the Government's plans, and was later elected an officer of the auxiliary. The auxiliary agreed to use the application form of the Daughters of the American Revolution (afterwards the Government's) and to adopt the Army requirement of training, while Dr. McGee promised to give official appointments to all the nurses recommended by the auxiliary. It was then arranged that all the New York superintendents might direct nurses to enter through the auxiliary for war work and thereafter the Washington office made no further investigation of the qualifications of nurses thus supplied.

The work of recruiting nurses for Auxiliary No. 3 was organized by Miss Maxwell. An informal committee composed of the New York superintendents established correspondence with training school heads of prominence elsewhere asking them to choose nurses who should hold themselves in readiness for service. Of women thus carefully selected, one hundred and fifty at a time were brought to New York and suitably housed, there to be in instant readiness if calls came. So uncertain and so imperative were these calls that the reserve nurses were, practically, almost prisoners in their rooms, for little more than an hour could be allowed between summons and departure. Katherine N. Pierce, head of the Samaritan Hospital in Troy, New York, gave her vacation to start this recruiting work and after that it was entrusted to Mary E. Wadley, a Bellevue nurse. Miss Wadley was a New England woman of great energy and resourcefulness. Fair and sunny-faced, she was attractive and most capable. She was already successfully conducting a large registry for nurses at 6 East 42nd Street and the war nursing service was brought in to her headquarters. The system was quickly reduced to a smoothly running routine. Telegrams from Washington would call for so many nurses to go at once to ——. While Laura D. Gill, the auxiliary aide, flew to the station to buy tickets and make reservations, Miss Wadley summoned by telephone the waiting reserves. Immediately when they were off, calls went to the hospital superintendents on her list to fill up the numbers that had been sent out. This method worked exceedingly well. It was expensive to maintain the waiting nurses in New York,

but this was a part of the work of the auxiliary, whose resources were unstinted. For speed the auxiliary bought all railroad tickets and these funds were reimbursed by the government.

The Woman's Auxiliary No. 3 had a visiting agent of special ability and tact in Maud Cromelien, a nurse from the Massachusetts General Hospital. In the late summer when typhoid fever became epidemic in the camps, reports made by Miss Cromelien, who had been sent to the camps to offer the services of the Red Cross, and the powerful influences brought to bear, as a result of these reports, by Mrs. Cowdin and Mrs. Reid on public officials, finally won out over the Army conviction that women should only serve in base hospitals, and Auxiliary No. 3 had the immense satisfaction of supplying trained nurses from its staff for the first time on an organized system to field hospitals. Miss Cromelien considered that this marked an epoch in the history of nursing, as indeed it did. When this important work was undertaken a number of New York superintendents went themselves to the camps at the head of nursing staffs. Miss Maxwell, who had written many personal appeals to the Surgeon General to allow nurses to enter the camps, was sent to the Sternberg Hospital at Camp Thomas, Chickamauga Park. Miss Sutliffe went to Camp Black and Mrs. Quintard to Camp Wikoff at Montauk Point. Their reports are full of interest but can be only briefly quoted. Miss Maxwell's report, sent in to her Board of Hospital Managers, follows in part:

Sternberg U. S. Hospital,
October 31, 1898.

To the Board of Managers of
The Presbyterian Hospital,
New York City.

Gentlemen:

On August 1, Mrs. Whitelaw Reid and Mrs. Winthrop Cowdin, members of the American National Red Cross, Auxiliary No. 3 for the Maintenance of Trained Nurses, asked if the Committee of our Training School would grant me a leave of absence to go to Chickamauga Park to establish the work of nursing in a Field Hospital at Camp Thomas.

* * * *

I at once telegraphed to all the leading training schools of the country for graduates and received most cordial and encouraging responses. . . . The valuable services of Miss

Frances A. Stone were secured as assistant superintendent and we left New York on August 7.

* * * *

On August 12 we went to the Sternberg U. S. Field Hospital, to begin the work we had set out to do. This hospital . . . was designed to hold one thousand patients. The supplies were coming in slowly, but for the first patients, who numbered one hundred and thirty-six, the only things ready for use were the tents and beds. The supplies that were on hand had neither been unpacked nor verified and we were helpless to pay the sick soldiers the necessary attention. It was impossible to borrow any considerable number of utensils from the neighboring camps and late in the evening I went to the Quartermaster and told him I should stay there all night, or until the supplies were unpacked. Tired as we all were we put our "shoulders to the wheel" and before midnight we had given out sufficient material for the night and had drawn on our own resources for milk, ice, medicine, brandy, hypodermics, thermometers, sponges, basins, etc., provided by the Red Cross. I was informed that it was a military law that the soldier, sick or well, must be on the spot before rations can be drawn, hence the supply of food did not arrive until the following day.

As the tents were prepared and supplies provided, more patients were admitted; often two hundred in a day. In many instances they were brought long distances, driven through a broiling sun at midday, and had to lie in the ambulance from two to three hours before they could be moved to their beds. When you consider that often as many as four men were crowded into one ambulance, suffering with thirst and heat, scarcely able to move in the cramped and narrow space allotted to them it is no wonder that many suffered from shock, exhaustion and convulsions.

I am glad to say that we found some of the officers who demanded an ambulance and canvas cot for each seriously sick soldier, but the condition of the majority showed plainly how meager had been the nourishment and care they had received. It was certainly a most harrowing sight to see the long narrow cots filled with what had been strong, splendid men, hollow-eyed, emaciated, muttering in the delirium of fever, sores in which dead flies were incrusted filled their mouths, making swallowing almost impossible. Their bones protruding through their skin and bed sores several inches deep were not uncommonly found on hips, back, elbows and often on the head and ears and it was here that all the energies and resources of the trained nurse were called forth

in making the lives of these men less wretched and in restoring them to health.

The course of our work was often impeded and made difficult by such stumbling blocks as sanitation of the most primitive kind, insufficient disinfections, water supply and accommodations for washing utensils, irregularity in furnishing the details of soldiers so that our work could not be done in a consecutive way. Occasional lack of medicine, milk, ice and other supplies. The dearth of orderlies more than anything else handicapped the work. Those we had were changed too often or were physically incapacitated for work. Add to this the heat, the dust, the moisture and the flies and you have the picture complete.

I cannot say enough in praise of the liberality and thoughtfulness of the auxiliary of the Red Cross Society in supplying us with eight dormitories, a bathhouse, store rooms, kitchen, dining room, housekeeper, servants and not only the necessities but many of the luxuries of life.

The Government sent us one hundred and fifty-two nurses and a dietitian. In this number seventy-five training schools from all parts of the Union were represented. Several of our nursing staff were infected with typhoid fever and one, Miss Greenwood, died. The total number of patients received between August 15 and September 10, the date on which I left, was nine hundred and thirty-six. Four hundred and seventy were furloughed and sixty-eight died.[23]

The good nursing and the admirable discipline of the staff under Miss Maxwell completely altered the Army officers' point of view and Dr. Hoff said to her: "I wondered when you came what we would do with you. Now I do not know what we would have done without you."

Mrs. Lounsbery (before her marriage, Harriet Camp), who followed Miss Maxwell, has written commentaries on the nursing staff that may be of interest to Army nurses today. She had graduated from the Brooklyn Homeopathic Hospital and had held for six years the position of superintendent of the training school. During her stay both hospital and school developed greatly. She was the earliest author of professional books among her New York contemporaries and wrote on "Nursing Ethics" and on "Making Good in Private Duty." After her marriage she was a loyal organizer of Red Cross State work in West Virginia, up to the time when this record was written.

[23] In the files of Auxiliary No. 3.

She had been married five years when she volunteered in the Spanish-American war. She wrote of Chickamauga:

> It is very amusing to remember how ignorant we all were of Army ways when we first went into camp. I think I am right in saying we all were influenced by the purest patriotism in going. I know it seemed to me a wonderful thing that my country really needed me and I joyfully went, anxious only to help. I knew nothing of the best way of getting into Army work. As I happened to be in Washington, I went to Dr. McGee's office, signed the contract and was sent off. The contracts came for the nurses a few days after I had arrived in camp. Most of the nurses had come from the North and Northwest and had never heard of any contracts. They did not know why they should sign such elaborate papers. They had come to nurse the soldiers, they were doing their best and were very successful. At last they grasped the idea that the contract only meant that the Government wished them to be regularly recognized as a part of the Army and most of them signed.
>
> The thought that upon their conduct and efficiency then and there would be based the action of Congress as to whether women should or should not be regularly employed as army nurses, be looked upon as part of the Army hospital equipment, was urged upon them again and again and most of them seemed to feel this responsibility and governed themselves accordingly.
>
> It was curious and interesting to see representatives of so many training schools working together. There was always much pride manifested in one's alma mater and school badges were, of course, very much in evidence. Nothing would bring a nurse more quickly to a sense of her duty than to ask if in her training school she had never been instructed as regards this or that. The different uniforms were also interesting; most of them were blue, blue and white stripes, checks, plaid, plain blue, but pink was not absent. There were with us nurses from ninety-one different schools and but two wore pink. The caps were as diverse as the uniforms. Every kind was to be seen, from a tiny square of lawn to quite an imposing erection of starched linen and quilled ruffles. It seemed to me that the dainty "Red Cross" cap furnished by Auxiliary No. 3 was the most universally becoming.[24]

[24] "Reminiscences of Sternberg Hospital," *American Journal of Nursing*, November, 1902.

The text of the official report of Auxiliary No. 3, as filed after the war in the Red Cross records, shows very clearly the characteristic quality of Red Cross organization. It did not wait to be asked, but pushed forward looking for work and reiterated its offers until they were accepted. There is a very important difference here between the official etiquette of a military hierarchy and the informality of a civilian body. The former is essential for its purpose, but may be carried to extremes. The latter may be at times inconvenient, but there is in it a life-saving power that is precious. The report of the auxiliary is not long, but can only be quoted here in brief, omitting much interesting material, some of which has already been used, and touching only the few outstanding lines:

REPORT OF AUXILIARY NO. 3, March 1, 1899

Shortly after the organization of the Society, the president appointed a Committee on Nurses consisting of Mrs. Whitelaw Reid, chairman, and Mrs. W. Lanman Bull, to select nurses and arrange for their transportation and to make all final decisions as to the relations of the Society with the Government in respect to nurses. On July 21, Mrs. Winthrop Cowdin was added to this committee. With the abandonment of the plan for the hospital ship, the scope of the Society's work was much enlarged, as it was then decided to place trained women nurses in the Army hospitals. It was not possible to follow the Red Cross rule of volunteer service. Competent trained women nurses were unable in most cases to work without salary, many having others dependent upon them for support; but they all gave evidence of patriotism in being willing to serve for much less than they would ordinarily receive . . . when the first call came from Santiago on June 30, the committee was ready to respond.

The first party of nurses sent by the Society went to Tampa a few days later under the charge of Miss Laura D. Gill. It consisted of twelve trained nurses, one immune nurse and one assistant. A second and third detachment followed, consisting of five physicians, forty-three nurses and six orderlies. [This was the *Lampasas* party already described, sent in answer to Dr. Lesser's and Dr. La Garde's request. Its wanderings have already been told.]

The following letter from Colonel Charles R. Greenleaf will show how efficient were the services of these nurses and how much appreciated:

Headquarters of the Army.
Office of the Chief Surgeon,
Ponce, Puerto Rico,
July 31, 1898.

Miss Rutty,
In charge Detachment of Nurses
from National Red Cross Association,

Dear Miss Rutty:

I desire to express to you, on behalf of the Medical Department in the field, my thanks to you and through you to the ladies under your charge, for the services you have rendered and are still rendering to the sick soldiers on board the *Lampasas*. No words of mine can express my appreciation of the self-sacrificing efforts you have each and all made and your unflinching devotion to duty. It is a source of deep regret to me that you should have been surrounded by so many discomforts and have had so little material to work with, but you are fully cognizant of the circumstances under which we have been placed since our sick were put aboard the *Lampasas* and it is unnecessary for me to say any more regarding it. Wishing you and the noble association of women you represent every success and hoping if my duties are continued that I may see you again at this post, I am,

Very respectfully,
Your obedient servant,
(signed) CHARLES R. GREENLEAF, Colonel,
Chief Surgeon of the Army.

As no more nurses were able to go to Cuba on account of the outbreak of the yellow fever there, the Government only accepting immunes, the Society felt that the next greatest want was for good nurses in our home camps and Army hospitals. The appearance of typhoid and other fevers was so sudden and overwhelming in the different regimental and division hospitals, that the orderlies were unable to give adequate service, while in addition many sick men were being brought home from Cuba on the different transports. It was deemed necessary therefore to get into closer relations with the Government, in order that our nurses might be accepted in these hospitals. On July 15 a Special Committee, conconsisting of Mrs. Whitelaw Reid, Mrs. Winthrop Cowdin and Mr. Howard Townsend, was sent to Washington to confer with the authorities on this matter. President McKinley considerately granted the committee an immediate interview and very kindly arranged a conference at the White House,

with the Secretary of War and the Surgeon General. At this conference, the committee was assured of the coöperation of the Government. General Sternberg agreed to meet the ladies again in New York the next day; at this meeting results were reached which were stated in a letter from General Sternberg to Mrs. Reid as follows:

"I take pleasure in confirming by letter the arrangements made at our interview in New York on the 17th instant. I am quite willing to employ female nurses vouched for by yourself as Secretary of the Red Cross Society for Maintenance of Trained Nurses. I had previously made very satisfactory arrangements for the employment of trained female nurses through a committee of the Daughters of the Revolution. As I said to you during our interview, I recognize the value of trained female nurses in general hospitals and we expect to make use of their service to such an extent as seems to be desirable. But I do not approve of sending female nurses with troops in the field, or to camps of instruction. It is the intention to transfer the seriously sick men from our field hospitals to the general hospitals as soon as practicable; and we wish our enlisted men of the Hospital Corps to take care of the sick in the Division Field Hospitals and in camps of instruction, so that they may be fully prepared to perform the same duties when the troops are in active operation.

Among these privates of the Hospital Corps who constitute the Red Cross organization of the regular military service and who are non-combatants in accordance with the terms of the Geneva Convention, we have many medical students and even graduates in medicine. I have made an exception with reference to sending female nurses to Cuba, in view of the outbreak of yellow fever at Santiago, and I am now sending immune nurses, both male and female, for duty at the yellow fever hospitals. In accordance with our agreement, you are authorized to send ten female trained nurses, selected by yourself, to the Leiter Hospital at Camp Thomas, Georgia; ten to the United States General Hospital at Fort Monroe, Virginia, and two to the hospital at Fort Wadsworth, New York, the understanding being that those at Fort Monroe and at Fort Wadsworth shall be boarded and lodged outside of the hospital.

Thanking you very sincerely for your earnest efforts in behalf of our sick and wounded soldiers, I am,

Yours very truly,

GEORGE M. STERNBERG.

A second letter enclosed the following request from Charleston:

To the Surgeon General, U. S. A.,
Washington, D. C.

I would recommend that twenty nurses be ordered to this station for duty in St. Francis Xavier's and city hospitals. Impossible for hospitals to obtain sufficient help.

CLAYTON PARKHILL,
Major and Chief Surgeon, U. S. A.
First Division, First Corps.

* * * *

In answer to this last order, twenty nurses went to Charleston, South Carolina, on July 24, under Miss Martha L. Draper who showed great ability in arranging for the nurses and seeing them started in their work in the different hospitals, which were very much overcrowded.

In addition to this, three men nurses, graduates of the Mills Training School [25] at Bellevue, were sent to the Marine Hospital at Staten Island; and Miss Marjorie Henshall went with three women nurses to the Post Hospital at Fort Wadsworth. Additional nurses were sent to Fort Wadsworth as the need became greater, till their number finally increased to forty-one, and Miss Henshall had two hospitals under her care. In recognition of her admirable work she was chosen as the head of the party of nurses afterward sent to Manila.

The rest of the nurses left at Tampa awaiting orders were now sent to the Leiter Hospital, near Chattanooga, and accomplished good work there, though the service was very exacting. Miss Maud Cromelien was sent to inspect their work and reported that Major Carter, the surgeon in charge, said that "the nurses were indispensable to him." While there she visited Chickamauga Park to examine the Division Hospitals at Camp George H. Thomas and reported as follows: "One glance was enough to convince me that trained nurses were greatly needed to care for the sick, most of whom were suffering from typhoid fever. The majority of patients were in a wretched condition and needed skilled nursing to give them even a chance to recover. I called upon Colonel J. V. R. Hoff, Chief Surgeon in the Field, and stated to him that 'the Red Cross is ready to put nurses in at least

[25] The school for training men as nurses, then housed in a fine building given to Bellevue by Mr. D. O. Mills, Mrs. Reid's father, has since been discontinued.

one division hospital; to erect the tents needed for nurses and to defray all expenses, such as provisions, etc., and to provide them with a competent matron; and all to be subject to whatever orders or discipline the surgeon in charge advises.' At first it was not considered wise to expose women to the hardships of life in a field hospital. However, in the end the exigencies of the situation prevailed and Colonel Hoff was kind enough to recommend my statement to General Sternberg, Surgeon General of the Army."

The following letter from Major R. E. Griffin, Surgeon in Charge, to Mrs. Reid is a statement as to the work done by the Red Cross nurses at Chickamauga:

"Dear Madam:

The Red Cross Society for the Maintenance of Trained Nurses can truly say 'Veni, vidi, vici,' for without them I would have been unable to have stayed the dread disease that has been raging in our camp. Their helping hand came in the hour of need and the history of the future shall record each and every member of the Red Cross Society as the guardian angels of the Sternberg Hospital. My experience of years of hospital work has enabled me to judge of the abilities of nurses, and I am proud to say that this corps of nurses under the excellent supervision of Miss Maxwell has never before been equalled.

As to the untiring efforts of Miss Cromelien and her success after knocking at the door of the department for days to be allowed to admit your Society, words can never express the praise due her. Miss Cromelien was here on the ground the day I put my first tent at the hospital and immediately began building pavilions for the nurses. . . ."

Miss Cromelien said: "The work begun as an experiment has proved beyond doubt the ability of women to work as trained nurses in the field hospitals and the small amount of sickness among us certainly shows that we have the physical endurance needed for such work under such peculiarly trying circumstances."

Ten nurses were at first sent to the General Hospital at Fortress Monroe in charge of Miss Lida G. Starr, but later others followed and at one time the number maintained there by the Society was as large as forty-five. Miss Starr remained at Fortress Monroe until late in January, when she was recalled to New York to take charge of one of the parties of nurses sent to Manila.

In August when the Government bought the *Missouri* for a hospital ship, trained male nurses were offered to Major Arthur, the officer-in-charge. These men were chiefly selected from the Mills Training School and a few with the assistance of Dr. Fisher, of the Presbyterian Hospital. They fully deserved Major Arthur's commendation and on the second and third trips their number was increased to fifteen.

Much good was also done by our representative at Fort Hamilton. There the work was in charge of Miss M. E. Wood.

Soon after the first party of nurses had been sent to Fortress Monroe and Leiter Hospital, Dr. Anita Newcomb McGee, director of the D. A. R. Hospital Corps, visited New York to consult with the Committee on Nurses as to the best means of coöperating with the Government in regard to the distinction between Government nurses and nurses sent out by the Society for the Maintenance of Trained Nurses. It was agreed that the Society would coöperate with the Government in every way and to make everything absolutely clear, Mrs. Cowdin, for the Committee on Nurses, visited Washington. After her consultation with the members of the Hospital Corps, a fund of $500 was placed in the hands of Mrs. Amos G. Draper, the treasurer, to pay for immediate transportation expenses for nurses, as Congress had not appropriated any sum for this purpose. In all $5,425.80 were so disbursed by the Society, until the Government assumed all further transportation charges on September 6. It was also agreed that the Society would allow the nurses to sign Government contracts when so required, the Society to pay their maintenance and transportation in some cases, in others only transportation.

A field nearer home was opened at Montauk. By the courtesy of the Managers of St. Luke's Hospital, Mrs. Quintard, their superintendent, was given leave of absence, so that she was able to take charge of this department. . . .

Miss Young represented the Society at the Detention Hospital at Camp Wikoff, with fifty women under her. . . .

In all, Mrs. Quintard and Miss Young had ten thousand patients under their care.

The following is a summary of the nurses, partly or wholly maintained by the Society:

Fort Wadsworth: Forty-one nurses were maintained and paid by the Society.
Charleston: Twenty nurses.
Leiter Hospital: Ten nurses.

Governor's Island: Six nurses.

Tampa: Five nurses.

The Convalescent Home for Nurses, Rowayton, Connecticut: One nurse.

Atlantic Highlands: Five nurses and one surgeon.

On hospital cars: Four nurses.

Camp Black: Salaries and laundry bills of forty-two nurses were paid by the Society; the Government provided army tents and rations.

Fort Hamilton: Salaries and laundry bills of twenty-three nurses were paid by the Society; the Government provided army tents and rations.

Fortress Monroe: Salaries of forty-three nurses were paid by the Government; the Society provided maintenance for these, and salaries and maintenance for two Red Cross nurses.

Hospital ship *Missouri:* Salaries of fifteen men nurses were partially paid by the Society; these nurses were maintained by the Government.

Bedloe's Island: One nurse was paid by the Society and received army rations: There was also one vounteer Red Cross nurse who received army rations.

Portsmouth: Six men nurses were paid by the Society. They received army rations, but their transportation was assumed by the Society.

General Hospital, Montauk Point: Almost all of the one hundred and fifty nurses under Mrs. Quintard's superintendence signed the Government contract. Mrs. Quintard's salary continued to be paid by the Society, and large supplies of all kinds for the nurses were selected by Auxiliary No. 3 and their expenses to Montauk paid.

Sternberg Hospital, Chickamauga: Sixty-four nurses sent by the Society received Government pay and rations. Additional maintenance and supplies for these and for ninety-six other nurses ordered there by the Government, were furnished by the Society.

Long Island City Relief Station: Twenty-nine nurses and two surgeons were paid by the Society and maintained by the Relief Station.

In the tents, Montauk Station: One nurse was paid by the Society and one volunteer nurse was maintained by the Relief Committee.

One nurse was supported in Miss Chanler's hospital.

Nassau Hospital and Annex, Hempstead: Twenty nurses were paid by the Society and maintained by the Hospital.

Home for Convalescent Soldiers, Sag Harbor: Six nurses were paid by the Society and maintained by the citizens of Sag Harbor.

Convalescent Home for the 8th Regiment at Hunter's Island: Two nurses were paid by the Society and maintained by funds raised by Miss Chauncey.

U. S. Transport *Lampasas:* of the twenty-nine nurses on this transport, many were volunteers, and the salaries of some and maintenance of all were borne by the Society.

Nurses were also supplied on emergency calls to the Eighth and Ninth Regiment armories. . . .

With the necessity of reinforcing our troops in the Philippines came a new opportunity which the Society was glad to grasp. Knowing that General Otis had asked for nurses for Manila and hearing that they were greatly needed there, the Executive Committee decided to apply the funds remaining in the treasury for this purpose and after a consultation between Mrs. Reid and Secretary Alger, the suggestion of sending nurses to the Philippines was favorably received by the Government. While awaiting the official orders from Washington, a Committee on Nurses was appointed by the President, consisting of Mrs. Whitelaw Reid, chairman; Mrs. William S. Cowles, Mrs. Charles B. Alexander, Mrs. Edmund L. Baylies and Mrs. James Speyer, ex-officio. A formal offer was made by the Society to send nurses to the Philippines, and on January 8 the following letter from Adjutant General Corbin was received by the chairman: . . .

"We have determined to take three transports from here to Manila, about eighteen hundred men on each. The Secretary of War approves your sending four nurses on each. The first ship will leave the 15th, the other two before February 1." . . .

No time was lost in completing arrangements which had already been carefully planned, so that though for the first party the notice was short, it was possible to send the nurses properly equipped and provided for. The latter were most carefully selected, many of them having already done valuable work for the Society during the past summer. They were personally instructed in every case by members of the committee, as to their duties. The transport was inspected by the chairman and her committee, letters of introduction from prominent men were secured for the nurses and everything possible was done for their comfort and success on the expedition. All signed contracts with the Society for six

months' duty in Manila and on the transports to take care of the sick in the hospital.

Miss Henshall sailed on the *Grant* January 19, with Miss Dowling, Miss Towne and Miss Ridley. Miss Henshall was not only in charge of this division but was the superintendent of the entire party of twelve nurses. Miss Starr sailed on the Sherman, February 2, in charge of the second detachment, taking with her Miss Betts, Miss Sara Shaw and Miss Agnes Shaw. The last transport, the Sheridan, left February 19 with Miss Gladwin in charge of the party of nurses, who were Miss Stirk, Miss Mount and Miss Holmes.[26]

The report of the committee, with the financial statement for which Mrs. Speyer justly deserved especial credit, was cordially commended by President McKinley in letters to Mrs. Speyer in April, 1899.

Among the names mentioned in the Report are those of several volunteer aides of special ability and usefulness, and two, whose work began with the *Lampasas* expedition, not only accomplished excellent things in the general field of auxiliary service but commanded the special regard of nurses for the strong influence they lent in support of the professional nursing staff.

One of the first women to register at the Red Cross Hospital

[26] American National Red Cross Relief Committee Reports, pp. 41-59.

The contract signed by nurses in the Philippines ran as follows:

THIS CONTRACT, entered into this ..... day of ..... 1899, at New York City, in the State of New York, between the Red Cross Society for Maintenance of Trained Nurses Auxiliary No. 3, and Miss ..... of ..... in the State of ..... witnesseth: That for the consideration hereinafter mentioned, the said Miss ..... promises and agrees to perform the duties of Nurse on United States Transports, or in the Philippines. The minimum term of service shall be six months in the Philippines in addition to the time of transportation, unless otherwise determined by the Military Commander, or by the Red Cross Society for Maintenance of Trained Nurses Auxiliary No. 3, as represented by the Superintendent of Nurses. The said Red Cross Society for Maintenance of Trained Nurses Auxiliary No. 3 promises and agrees to pay, or cause to be paid to the said Miss ..... the sum of $60 per month, and to furnish Maintenance, Laundry, Medical Attendance during her term of service, and the assurance of means for a suitable return home.

AND IT IS FURTHERMORE AGREED that the said Miss ..... shall receive transportation while on duty, and on departure from and return to her place of legal residence, from the Government. She shall agree to recognize the authority of the Superintendent of Nurses appointed by the Auxiliary.

Miss .....

Signed, sealed and delivered in the presence of .....

for executive service was Laura Drake Gill, a daughter of the New England Pilgrims and Puritans. She was a college woman of broad training and was placed in general charge of the *Lampasas* party by Mr. Wardwell. Later, she was sent to Chickamauga to place the nurses in the Leiter Hospital and at all other times, had charge of all the transportation of nurses to and from New York, meeting and dispatching them by day or night.

Another prominent aide was Margaret Livingston Chanler, of Knickerbocker circles, who after the war, married Richard Aldrich. Both of these aides gave strong support to the post-war campaign of placing nurses permanently in army hospitals.

Our space allows no full detail of the many nurses who deserve mention for their part in the Spanish-American War episode, but a few names must be taken from the Army Nurse Corps Index. Some of these became distinguished in other ways later on. Not a few reappeared in subsequent Army and Navy nursing and Red Cross organization. Two members of the *Lampasas* party, Beatrice Von Homrigh and Mary E. Gladwin, will be met more than once in later pages.

Esther V. Hasson, who served in 1898 on the *Relief,* became Superintendent of the Navy Nurse Corps (1908) and Dita Kinney, as already told, of the Army Nurse Corps.

There were women of eminent distinction in training school work then and later,—among them Nancy Cadmus, whose administrative career in hospitals was unbroken for years, except for the war service; Frances A. Stone, associated with Miss Maxwell at the Presbyterian Hospital and Mrs. Lounsbery, with others already mentioned.

Especially distinctive was the work of the group of women who, after the war, carried out the organization of modern training schools in the civil hospitals of Cuba and Porto Rico, Lucy Quintard, Sarah S. Henry, M. Eugénie Hibbard, Mary A. O'Donnell, Amy E. Pope and others.[27] Mary J. McCloud organized a school in the military hospital at Mexico City. Elizabeth Stack taught the hospital corps men nursing and dietetics at Angel Island. On the Army Nurse Corps Index, too, one finds Yssabella G. Waters, whose later compilation of public health nursing agencies in the United States, kept yearly up to date, has become a classic of its kind; Lydia Holman, one of

[27] "History of Nursing," Vol. III, Chap. VI.

the earliest pioneers in rural nursing; Jane Hodson, author of the well-known book previously mentioned; Isabel Jean Walton, a New York Hospital nurse since then identified with St. John's Floating Hospital and other public health nursing work.

Some of those no longer living must be named. Clara L. Maas was a young Army nurse who during the investigation of yellow fever transmission in 1900-1901, in Cuba, insisted on being allowed to volunteer for the experimental service. She was accordingly bitten by an infected mosquito and died as a result of the too-perfect demonstration. She was buried with military honors and is mentioned with respect in several official records. Louisa Parsons, English born, and a Spanish-American war nurse, died in the British Army service in 1915. Emma Duensing, German born, died in the same year in the service of Germany. Rose Kaplan, who had become head of a hospital in Jerusalem, died while caring for refugees in 1917. A little group of Spanish-American war nurses lived to serve throughout the World War. They were: Samantha C. Plummer, Edith Rutley, Helen M. Pickel, M. Estelle Hine and Carrie L. Howard.

After the war there were many testimonials to the usefulness of the Army nurse. It may suffice to repeat here the conclusion reached by the Congressional committee appointed to inquire into the conduct of the war. In its report, among other recommendations was this one: " . . . Needed by the Medical Department in the future; a Reserve Corps of selected trained women nurses." [28]

Its estimate of the nurses ran as follows:

> In the last twenty years the value, the efficiency and the availability of well-trained women nurses has been demonstrated and it is much to be regretted that this fact was not fully realized by the medical officers of the army when the war commenced. It is to be remembered, though, that in military hospitals in the field women had been employed as nurses, if at all, only to a very limited extent, and there was good reason for questioning whether a field hospital with a moving army was any place for a woman. Our recent experience may justly be held to have shown that female nurses, properly trained and properly selected, can be duly cared for and are of the greatest value. Those who have been serving under contract in our military hospitals, and there have been

[28] "Conduct of War with Spain," Vol. I, p. 189.

about fifteen hundred of these, have with scarcely an exception done excellent work and it is to the high credit of the American soldier that not a single complaint has been made by any nurse of personal discourtesy.[29]

[29] "Conduct of War with Spain," Vol. I, p. 171.

CHAPTER III

AFFILIATION OF THE AMERICAN RED CROSS WITH THE NURSES' ASSOCIATION

The Army Nurse Corps—Reorganization of the Red Cross in 1905—The American Federation of Associated Alumnæ Accepts Affiliation with the American Red Cross—Development of the Nursing Service—Participation in Disaster Relief

THE war was not yet over when the idea of securing the existence of the Army Nurse Corps by legislation was agitated by various war workers. In December, 1898, Dr. McGee went to New York to suggest to Mrs. Quintard and other nurses with whom she had been in close touch, the wisdom of attempting such legislation. While she, as a subordinate of the War Department, could not initiate it, she would, she promised, do everything in her power to obtain Congressional approval of an act that should not be too great a departure from the methods and ideas of the Army.

At almost the same time Mrs. Robb went to New York to lay a similar proposal before nurses and Auxiliary members, all of whom received the suggestion with enthusiasm.

In view of the Army Nurse legislation of 1920, a full account of that first campaign would be interesting, but we must limit ourselves to a brief summary of its main features.

A committee of women, many of them of national distinction, with prominent nurses, promoted the bill. Mrs. Winthrop Cowdin was its first chairman and among those who, in the course of its duration, served on the "Committee to Secure by Act of Congress the Employment of Women Nurses in the Hospital Service of the United States Army," were Louisa Lee Schuyler, veteran of the Sanitary Commission of the Civil War; Mrs. William Osborn and Mrs. Joseph Hobson, two of the organizers of the Bellevue School for Nurses; Mrs. Amos G. Draper, prominent in the Daughters of the American Revolution; Mrs.

Whitelaw Reid, unfailingly helpful in nursing matters and lavish of her influence and means; Margaret Livingston Chanler and Laura Drake Gill, who had been two of the most hardworking of the volunteer aides; Mrs. W. N. Armstrong, of Hampton, Virginia; Mrs. Bayard Cutting; Mrs. C. K. Meredith, Mrs. Harriet Blaine Beale, Mrs. John S. T. Hull, Mrs. Hawley (the English nurse, mentioned earlier as Miss Horner and afterwards married to Senator Hawley of Connecticut), with Anna C. Maxwell, Irene H. Sutliffe, Isabel Hampton Robb, Ellen M. Wood, Linda Richards, M. Adelaide Nutting, Mary F. Wadley, Georgia M. Nevins and Lucy W. Quintard. Miss Nutting was the chairman of the committee of nurses and directed the work of informing the rank and file of the points at issue. She was then superintendent and principal of the Johns Hopkins training school where she had entered as one of Miss Hampton's first class and in which she had risen to the position of head of the school on Miss Hampton's marriage. Born in Canada, Miss Nutting's brilliant mind and untiring energy turned with special attention to educational nursing problems and she will be met in the forefront of such circles of activity, as we go through these pages. Her work at the Johns Hopkins was so original and effective that she was called thence to direct the Department of Nursing and Health at Teachers College, where she surrounded herself with ardent young enthusiasts and made an international reputation for her department. In the work for the Army Nurse Bill her executive ability was for the first time shown outside of the hospital, for there was then no nursing journal, no close network of central and local associations to facilitate communication. She said, later:

> One of the things that makes that correspondence stand out in my memory is the fact that for the first time in training school work I had some help from a stenographer. The New York women insisted upon my using such assistance, which I rather timorously did to a small degree.

This was the first time nurses had approached Congress. Miss Nutting wrote:

> One incident which stands out rather clearly was a hearing by the Military Committee of the House or Senate, I forget which, where I had to summon by telegram Mrs. Isabel Robb, Miss McIsaac, Miss Maxwell and various others, including, I

think, Dr. Billings, who gave us constant help and advice. At the beginning of the hearing in Washington, in walked Mrs. Joseph Hobson, who had heard of it and wanted to give her point of view on the importance of good nursing. I remember what an ordeal it was, because as chairman I had to introduce each member and explain who he or she was and why his views and opinions would be entitled to respect and when it came to Dr. Welch, who was there and spoke splendidly for us, I felt paralyzed.

Powerful yet intangible opposition to the bill was met with. It seemed to be especially directed against the professional requirements asked for and the stipulation that the head of the Army Nurse Corps should be a nurse. The committee and the entire nursing profession back of them regarded these requirements and the claim for a nurse superintendent as fundamental. In the process of overcoming the opposition, Margaret Chanler volunteered no less a service than to make a trip to the Philippines, to investigate persistent unfriendly rumors that apparently came from Luzon and were brought to members of Congress in depreciation of the morale of women nurses in the Army.

There had indeed been some unfortunate selections made in the early part of Philippine war nursing, when western Red Cross societies had unwittingly recommended several women of unsuitable type, who had been sent home in disgrace. But when Miss Chanler visited Manila (summer of 1899) there was only the carefully chosen staff of seventy-five nurses sent out by the Auxiliary No. 3, working under Colonel Greenleaf, who was their staunch friend. It was clear that the hostility of the opposition did not then emanate from Manila, and mysteriously enough, with Miss Chanler's visit it was effectually silenced.

The bill sponsored by the committee was brought up in Congress on January 24, 1899, but failed to pass. Resolute in their determination, the committee continued their work through 1900. They had at first asked for a "Nursing Service Commission" and educational requirements alike for the entire staff, i.e., "General hospital training of not less than two years." Three years' training was then established in certain large schools and was being rapidly extended. Many nurses, too, were taking postgraduate courses.

The contest ended in a reasonably satisfactory compromise,

for the committee finally agreed to accept a section in the Army Reorganization Bill of 1900-1901. This was the section previously referred to, drafted by Dr. McGee, at the request of the Surgeon General, on what seemed to the War Department acceptable lines. The committee obtained the insertion of an amendment to it specifying in part, for the superintendent, the educational qualifications they had wished to secure throughout the staff. Thus amended, Section 19, as it was numbered, read (omitting unessential details):

> That the Nurse Corps (female) shall consist of one superintendent, who shall be a graduate of a hospital training school having a course of instruction of not less than two years, and of as many chief nurses, nurses and reserve nurses as may be needed, provided that they shall be graduates of hospital training schools and shall have passed a satisfactory professional, moral, mental and physical examination.[1]

The bill was signed by the President on February 2, 1901, and the nurse selected by Dr. McGee to be her successor was duly appointed.

Mrs. Dita H. Kinney, the new head of the Army Nurse Corps, had had active service during the war, chiefly in the West and Southwest. She was a New York State woman, trained at the Massachusetts General Hospital (class of 1892.) Her experience before the war had been varied and responsible and she had carried on some pioneer work in teaching the elements of nursing to mothers of families on social settlement lines. Mrs. Kinney had earlier shown her courage by making the first attack in print on bogus schools for nurses.

[1] Army Reorganization Act of 1901—February 2, 1901, Sec. 19, Vol. 31, U. S. Statutes at Large, p. 748.

The "Special Committee in Charge of the Bill" during the 56th Congress were: Miss Margaret Livingston Chanler, Mrs. Harriet Blaine Beale, Mrs. Joseph Hobson, Mrs. William Sheffield Cowles, Mrs. Joseph R. Hawley, Mrs. Amos G. Draper, Mrs. John S. T. Hull, Miss Georgia Nevins.

The Navy Nurse Corps soon followed. It was organized definitely in 1901; the first effort to pass a bill in Congress was made in 1903; final passage of the Bill came in 1908. Navy Appropriation Act of May 13, 1908, Vol. 35, U. S. Statutes at Large, p. 129. Dr. McGee helped in framing the Navy Nurse Corps Bill also and through her efforts various appropriation items benefiting both services were secured. In view of the later bestowal of "Rank" on Army nurses, it is interesting to know that Dr. McGee opened the subject of rank with the Surgeon General at the time of drafting "Section 19." But the Army attitude then was immovably opposed to any such innovation.

The first few years after the war were full of reorganization plans, both in the American Red Cross and in nursing societies. The lessons of the war were not forgotten and women in New York and elsewhere, who had been at the head of relief and nursing work, held to the Red Cross, hoping to continue the efficient system they had done so much to develop. In that period also, the two nursing societies, the Superintendents' Society and the Associated Alumnæ, had joined in a free affiliation for international purposes, under the name The American Federation of Nurses, each one retaining its corporate identity.

At a meeting of the Superintendents' Society (October, 1903), a resolution had been adopted giving its councillors power to act for the society in any public question that might arise during the year. This action had been specifically taken with a view to future union with the Red Cross, for which they cherished a desire. The Associated Alumnæ were equally alive to this possibility, one of the great questions of that day, and a concerted effort to open up a way of affiliation with the Red Cross was made in the winter of 1904 by executive officers of the two societies. The *American Journal of Nursing* said in April, 1904:

> On February 23, a number of well-known women in the nursing profession came together in New York and quite informally a group of New York women met with them in the evening to discussion questions of importance to nurses.
>
> The out-of-town members present were Mary M. Riddle, president of the Associated Alumnæ; M. Adelaide Nutting, president of the American Federation of Nurses; Isabel McIsaac, president of the *American Journal of Nursing* Company; Sophia F. Palmer, editor of the *American Journal of Nursing*, and the five Chicago members of the class in Hospital Economics at Teachers College.
>
> Of the well-known New York women there were present Miss Maxwell, Miss Delano, Miss Wilson of St. Luke's; Miss Sanborn of St. Vincent's; Miss Pindell, of the Metropolitan; Mrs. Dean, of Mt. Sinai; Miss Gilmour, of the New York City school; Miss Mary E. Thornton, secretary of the Associated Alumnæ, and others.
>
> The recent declaration of war between Russia and Japan brought up the question of the position American nurses should take in time of national or international calamity and it was agreed that some action should be taken that would

place American nurses always in an attitude of readiness when their services were needed, either at home or abroad.

In a discussion the following points were brought out:

1. American nurses, to be at all times in a position to render aid to suffering humanity, regardless of nationality or creed, should be affiliated in some way with the American National Red Cross.

2. Such affiliation should be consummated through some one of the existing nursing organizations.

An informal committee was appointed to ascertain whether the American National Red Cross had so far contemplated its reorganization that it could consider a proposition for such affiliation if made through the proper official channel.

The editorial added:

> The Society [Red Cross] is now in a condition of reorganization and this reconstruction period would seem to be a very proper time for American nurses to endeavor to obtain some form of affiliation which would identify them with the Red Cross.

At this point Miss Delano reappears in our history for the first time since the yellow fever episode. She had not entered the war service, but had remained at her institutional work. In 1902-1904 she was at the head of the Bellevue school. There she was in close association with Mrs. Whitelaw Reid—whose family had long been identified with large gifts to Bellevue and who was one of the Board of Managers—with Mrs. W. K. Draper and others who had been members of the Red Cross Auxiliary No. 3. Whilst the war activities were going on Miss Delano had joined the New York State Red Cross Branch and had become deeply interested in bringing a large enrollment of nurses into it. So keen was this interest, even when the war was over and reconstruction not yet begun, that one of her assistants in the school, Mary A. Clarke, wrote later:

> During that period we often discussed the work of the American Red Cross nurses, and even then it seemed to me that of all the nurses in the United States Miss Delano was the one woman capable of taking hold of the nursing service and promoting it for greater development.

From that time on Miss Delano's devotion to the Red Cross gradually became paramount with her.

The next advance toward affiliation was taken by the national association in 1904. At the Associated Alumnæ convention of that year the president, Mary M. Riddle, a Pennsylvania woman, trained at the Boston City Hospital, who had held executive positions there and in other Massachusetts hospitals and who had been for years a strong figure in nursing affairs and in Red Cross organization in that state, said, in part:

> We have in this country an organization known as the National Red Cross, with whose name at least we are familiar, but whose plans for work we do not always comprehend. Our idea would be to ally ourselves with this national body for practical purposes.
>
> So strong was the conviction that nurses should be awake to their opportunities and responsibilities in this direction that an informal committee visited last winter in Washington members of the Red Cross Association in high official position and placed the matter before them. The suggestions of the committee were welcome and it was advised to make preparations for the work, with the promise that an opportunity would be given the nurses for rendering their service whenever the demand for such service should arise. . . .
>
> The appeal is made to you to consider the advisability of getting into form for such work. It is made to you because you are the rank and file of the nursing profession in this country and without you nothing can be done, upon you must the dependence for service be placed.

Discussion followed and then action:

> The President: I would like to ask if it is your pleasure to refer any question of alliance with the Red Cross Society to the Executive Committee and Board of Directors?
>
> The Secretary: I would like to move that since Miss Riddle has already conferred with ladies on the Board of Directors of the Red Cross Society, she be empowered to associate with her two, three or four people whom she knows to be interested in the matter and proceed in such manner as the committee thus formed may decide.
>
> Seconded and carried.
>
> The committee formed comprised Miss Riddle, chairman, Miss Maxwell and Miss Damer.[2]

The Superintendents' Society then appointed a similar committee with Miss Nutting as chairman, to meet and confer with

[2] Proceedings Annual Convention of the Associated Alumnæ, 1904.

Miss Riddle and her associates and together they approached representative women of the Red Cross in New York and Washington with their suggestions. While these steps were being taken the reorganization of the Red Cross by Act of Congress had been completed.

The *American Journal of Nursing* said (March, 1905):

> The plan of the reorganization of the National Red Cross Society is of special interest to nurses in view of the fact that a committee was appointed at the last meeting of the Associated Alumnæ to arrange, if possible, for some form of affiliation with the Red Cross, so that the great nursing body of the country might have a recognized place in the Red Cross work. At the first annual meeting, held under the new charter, William H. Taft, Secretary of War, was elected president. The Executive Committee includes Surgeon General Wyman and Miss Mabel T. Boardman.
>
> It is planned to have a committee of twelve in each State to work for the upbuilding of the Red Cross and make it more national in character and it would seem a very natural conclusion to reach that nurses, who will be depended upon to do the hard, practical work in caring for the sick and wounded in time of national calamity, should . . . have representation on these committees.

In Miss Boardman the nurses were to come into close working relations with a strong and judicious friend, a woman whose abundant common sense and keen perception were of the greatest support and value in building up a Red Cross Nursing Service.

Mabel Thorp Boardman was born in Cleveland, Ohio. Her family later moved to Washington and made it a permanent home. In 1900 when the American Red Cross was incorporated by Act of Congress, several persons who had worked in the Red Cross during the Spanish-American War asked Frederick H. Gillett, who was in charge of the bill, to insert Miss Boardman's name as one of the incorporators. She was active in the reorganization in 1905. In those early days there was but one paid employee,—the secretary, and Miss Boardman freely devoted her time and resources to the work at home and abroad. She traveled over this country organizing Red Cross Chapters and went through Europe and to Japan studying Red Cross organization. In 1907 she was a delegate to the Eighth International

Conference in London and in 1912 to the Ninth held in Washington.

At a very early moment Miss Boardman realized that a nursing service should be one of the most important departments of the Red Cross. She made it a point to become acquainted with heads of training schools and assure them of her conviction that nurses themselves must take charge of the nursing department as they best understood nursing problems, duties and qualifications. With this object she made a visit to the Johns Hopkins Hospital and met Miss Nutting and Dr. Hurd. In April, 1906, she spoke before the American Society of Superintendents of Training Schools on "The Red Cross Nurse" and in October, 1907, wrote in the *Red Cross Bulletin:*

> There is no doubt that this important department of the Red Cross work will greatly develop as the nurses themselves take the matter in hand and assist in this development.

After its reincorporation by Congress, the American Red Cross issued the following circular. It was reprinted in the *American Journal of Nursing* in July, 1905. In this circular the Red Cross Central Committee outlined its own plan of organization and ideas as to the recruiting of nurses as follows:

> AIM AND PURPOSE OF AMERICAN NATIONAL RED CROSS
>
> The International Conference which met at Geneva, Switzerland, August 22, 1864, agreed upon a treaty for the purpose of mitigating the evils inseparable from war. This treaty has been ratified by forty-four nations, including the United States. The conference recommended "that there shall exist in every country a committee whose mission shall consist in coöperating in times of war with the hospital service of the armies by all means in its power." It also recommended the adoption and use of a distinctive flag and arm badge. . . .
>
> The charter granted by Congress in January, 1905, to the American National Red Cross declared the purpose of the corporation to be: "To furnish volunteer aid to the sick and wounded of armies in time of war, in accordance with the spirit and conditions of the Geneva Convention. . . ."
>
> "To continue and carry on a system of national and international relief in time of peace, and apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods and other great national calamities."

Congress considered the importance of the work so great that the charter granted in 1905 provided for Governmental supervision.

The charter conferred on the Board of Incorporators and the Central Committee the power necessary to carry into effect the above provisions.

In pursuance of this authority the Central Committee proposes to organize in every State and Territory of the United States, branch societies, to enable every person who desires to do so to become a member of the society and to awaken in this country the same interest in the objects of the organization that is so markedly manifested in every other nation having a National Red Cross Society.

The necessity of being prepared for emergencies has been too often demonstrated to require argument. The object of the Central Committee is to have in each State and Territory a branch society that will be ready to act at once in time of war or disaster, and so strong in its personnel that it will command universal confidence.

Each branch will act as a unit in the organization and take charge in case of any great calamity in its State. Its Executive Committee or a special committee will enroll doctors and nurses for Red Cross service in time of war or great disaster in the State or its immediate vicinity. Reports as to the number of doctors and nurses enrolled by each branch will be made annually through the Central Committee to the Army Medical Department. . . .

The secretary of each branch will keep informed as to the number, names and addresses of the doctors and nurses enrolled for active service. This service may be given either without compensation or for the same salaries as those paid by the War Department,—namely, one hundred and fifty dollars for medical officers and for nurses, forty dollars a month for service in the United States and fifty dollars a month for service outside of the United States. The secretary will also keep informed as to where hospital and relief supplies can be obtained at shortest notice.[3]

At the time the circular was issued, plans for organization by states were already well under way. The District of Columbia had the first branch. New York perhaps made the best showing of the States, although California was also strong. Miss Delano was Secretary of Enrollment for New York State and Miss Palmer, of Rochester, editor of the *American Journal of*

[3] In the Red Cross Archives.

Nursing, reached nurses at large; Miss Maxwell, eminent in the hospital field, and Miss Wald, head of the Nurses (now Henry Street) Settlement, who led in social movements and altruistic work growing out of the visiting nurse service, all bent their best energies to stimulate interest, membership and enrollments. Mrs. W. K. Draper received the applications for New York membership and Miss Delano sent out an urgent appeal for every nurse in the State to join and enroll. Two other nurses, Beatrice Von Homrigh Stevenson and Mary A. Gladwin, both of whom we met first on the *Lampasas* expedition, were especially untiring in their efforts to gain new members.

By becoming paying members at a moderate fee, nurses as well as others would have had a vote in the management of Red Cross State societies and it was then thought that in this way nurses could help to direct the details of nurse enrollment and their service in war or other calamity. The mere enrollment for such service was a different thing; it alone would not confer a voice in management; membership must also be held. But nurses did not come forward for membership or enrollment. As states organized and fell in line, state nurses' committees were, therefore, formed to promote enrollments and select women of the necessary qualifications from among those who applied. It became evident that nurses would follow none but their own leaders and so it was hoped that committees of nurses in the various states could bring the rank and file into the enrollment lists.

The *American Journal of Nursing* lost no opportunity of giving publicity to Red Cross events and information to its readers.

In February, 1906, it explained editorially the reorganization of the Red Cross and the features of the new charter. It also stated the restrictions on the use of the brassard and the emblem, which had been indiscriminately and improperly used, saying:

> The arm piece or "brassard," consisting of a white band with a Red Cross, may only be worn when on duty under the officers of the Red Cross. No nurse has the right to wear it on any other occasion, nor has any other body the right to give it to her. There are some surgical firms and First Aid corporations which have in former years legally secured the use of the red cross as a badge (for instance Johnson & Johnson) and from these it cannot be taken away; but no one in

future can ever obtain this privilege. The laws of all countries rigidly protect the use of the Red Cross as an emblem reserved to the national societies and their workers on the battle field, or in the camp or hospital in time of disaster.

Miss Boardman, too, was untiring in her efforts to make plain the purposes and plans of the Red Cross. In her travels over the country she spoke before many gatherings of nurses. She dwelt upon the importance of the nurse's place in the reconstructed Red Cross, emphasized the high standards that would be required and told her hearers that it was agreed by the Government that, in case of war, the Red Cross nurses would be the Army Reserve.

At these meetings she explained the two forms of agreement then existing, one for paid, the other for volunteer service. The latter did not signify amateur service, but presumed that fully trained women might sometimes be in a position to give their aid without compensation.

VOLUNTEER NURSE

I hereby agree to hold myself in readiness and to enter the service of the American National Red Cross when and where my services may be required as a nurse, without compensation except transportation and subsistence.

PAID NURSE

I hereby agree to hold myself in readiness and to enter the service of the American National Red Cross when and where my services may be required as a nurse, with compensation at the rate of forty dollars per month when on duty in the United States, and fifty dollars per month when without the limits of the United States, in addition to transportation and subsistence.

She also set forth the rules that had been agreed upon for the enrollment of paid and unpaid nurses. As there was, then, no nursing committee at the Washington headquarters, these rules had been framed by her in consultation with the New York State and District of Columbia members.

1. All nurses enrolled for service under the American National Red Cross shall be required to show a certificate of registration when enrolled in states or territories where

registration is required by law. Nurses enrolled in states or territories where registration is not required by law shall show a certificate or diploma of graduation from a recognized training school for nurses requiring a course of not less than two years.

2. No nurse under twenty-five years of age shall be enrolled for active service.

3. All applicants shall be required to give a physician's certificate of sound health and unimpaired faculties, which certificate shall be renewed every two years.

4. The moral character, professional standing and suitability of applicants for enrollment as nurses shall be determined in such manner as the branch society may prescribe.[4]

At that time New York State had one of the first and best nurse registration acts and the Red Cross State Committee had laid down these additional stipulations:

1. All nurses enrolled in the State of New York for Red Cross service shall be required to show a certificate of registration with the Regents of the University of the State of New York.

2. All applications must have three signatures, vouching for their moral character, professional standing and suitability to this special work—two from nurses of good standing and the third from the president of the subdivision.

3. . . .

4. All applicants must appear before a member of the Nurses' Committee for examination, and must present to the committee with their other papers, the endorsement of their applications by that member of the committee.

5. . . .

The District of Columbia Branch was the first to arrange special lectures designed to attract nurses to the Red Cross work and also to enlarge their information. The *Red Cross Bulletin,* April, 1907, has the following record of this effort:

The District of Columbia Branch is preparing to give to its enrolled nurses a special course of lectures with practical demonstration of field hospital work under the auspices of the Medical Department of the Army. These lectures will be given at the Washington Barracks.

[4] Article by Miss Boardman, *American Journal of Nursing,* August, 1906, Vol. VI, p. 810.

A syllabus of the lectures follows:

> I. General outline of the organization of the Army in time of war and of its medical and sanitary service. II. The regimental hospital. The ambulance section. The field hospital. The base hospital. Other hospitals and stations. III. Medical and sanitary service of camps and on the march. IV. Service in battle at the front. V. Service in battle at the rear.
>
> One afternoon will be devoted to the practical demonstration of the field hospital. This will be done at the conclusion of the course as detailed above. An opportunity will then be given to examine the equipment and working plan of the organization.

One of the subjects brought forward and exciting warm discussion in the early formative period, before the final affiliation of the Red Cross with the nurses' association had taken place, was that of the desirability of giving elementary instruction in nursing to women of the home under the Red Cross auspices. The District of Columbia Chapter had pioneered in holding classes of this kind and Beatrice Stevenson, attracted by their example, initiated similar work in Brooklyn (1908) in a set of talks on Hygiene, Sanitation and the Emergency Care of the Injured.

This new departure elicited, at first, considerable opposition among nurses, who feared that the American Red Cross might perhaps follow the example of European societies in promoting a superficially trained volunteer nurse corps, which would in the event of war or other disaster, cause confusion and difficulty. A meeting of the New York County Nurses' Association was held in the Bellevue Nurses' Club, in April, 1908, where the allied questions of nurses' enrollment in the Red Cross and the evolution of teaching under its banner were warmly discussed. It now seems obvious that the very concern felt over such possible development, brought home to nurses a sense of their own duty to the Red Cross. The two questions were introduced together by Miss Pindell, who stated that the Alumnæ of the New York City Training School for Nurses had sent a communication to the Nurses' Committee of the New York State Red Cross branch, asking for recognition as an association desirous of affiliation with the Red Cross Nurse Corps. Miss Pindell read the answer received, also the rules of the committee in regard to the enrollment of nurses. The syllabus of

the course of lectures on Home Care which had been given in Washington under the auspices of the Red Cross, was also read and Miss Damer was asked to open the discussion. A Bellevue woman (1885) and a Canadian, she had long held responsible positions in nursing associations. She had been one of the chief builders of the Associated Alumnæ and State nurses' societies. She now said, with the strong common sense which was her leading characteristic, that she felt that the nursing profession had not been doing its duty by the Red Cross, for as the latter had shown its readiness to conform to the nurses' standards, the nurses should either have enrolled in force or stated why they were not willing to do so. If they took no action in the matter they must expect that the Red Cross would take other steps to provide nurses for its work.

Miss Gladwin and Mrs. Stevenson, who knew that the purposes and plans of the Red Cross were not directed toward the creation of a short term nursing corps, spoke in defense of the Home Nursing teaching and what they said has been amply justified by time and by the ultimate coöperation of nurses as a body in guiding the direction of classes for women of the home.

Mrs. Stevenson spoke of the new policy in the Red Cross, of guarding health, and mentioned the international resolution of London (1907) to the effect that Red Cross societies might take a share in the warfare against tuberculosis.[5] She quoted Major Lynch's address at the annual meeting (1907) of the New York State Red Cross Branch, in which he had said that, in order to get members and to keep up their interest in the Red Cross, opportunities should be seized to show individuals that they had a part to play in Red Cross work and that universal instruction of people in the laws governing sanitation would seem to be a peculiarly appropriate field of work for nurses.

Miss Gladwin spoke to the same effect.[6] An article written later by Mrs. Stevenson said in part:

> It has been said that social efficiency depends upon a sense of social responsibility. . . . It was this spirit of social responsibility which prompted the Red Cross to undertake a campaign of health education with reference to the pre-

[5] The American Red Cross opened its first Day Camps for Tuberculosis in June, 1908. Many others followed and brought nurses into contact with the Red Cross.

[6] See *American Journal of Nursing*, May, 1908, p. 603.

vention of disease and accidents, and the highest degree of social efficiency of both societies, the Nurses' Associated Alumnæ and the Red Cross, can best be reached by the affiliation of the nurses with the Red Cross and the hearty cooperation of both in the furtherance of this public health work.

The registered nurses have been asked to coöperate with the Red Cross in this work by delivering these addresses. Two reasonable objections have been offered, one, that the majority of nurses know nothing about teaching and are not accustomed to speaking in public; the other, that as time means money to the majority of nurses, it will be impossible to do any effective work unless the Red Cross can have salaried teachers. It is probable that for some of this work the Red Cross will arrange a definite course of instruction with salaried teachers, but in a movement which it is hoped will become as wide-spread and far reaching as this, some of the pioneer work must be voluntary.[7]

After the first doubts of the nurses were allayed, it is certain that to most of them the prospect of peace activities under the Red Cross was more attractive than war work. Those especially who were absorbed in teaching and training for lives of constructive usefulness became greatly interested in the class-work plans. For some years this interest ran parallel with "affiliation" and will be shown briefly in that way during the early stages of growth, while the details will be presented fully in the section on class work and teaching.

The calls made upon the reorganized Red Cross in its early years, by the calamities of the Japanese famine and the San Francisco earthquake and fire, gave the nation striking lessons which it was not slow to learn, but the nursing reserve was then not well enough organized to make a record and individual nurses came forward as volunteers in San Francisco in response to telegrams from headquarters. The *American Journal of Nursing* pressed home the lesson by saying:

> We urge upon all nurses enrollment in the Red Cross Society, as working members if possible, as contributing members without fail. This is one of the obligations of citizenship or residence in this prosperous country. . . . Will the nurses of this country learn a lesson from this greatest national calamity?

[7] See *American Journal of Nursing*, June, 1908, p. 701.

Impressed by these events, the Red Cross and its nurse members redoubled their efforts to build up enrollment and membership, but weak spots presently appeared in the professional requirements of state units. The standard of the Regents' examination set by New York was not acceptable to others. Pennsylvania, for instance, desired to make exceptions, as in the following clause:

> Nurses who have graduated in less than a two years' course must have served at least three years at nursing after graduation and be recommended by two doctors as to efficiency as nurses.

To this ambiguous proposal Miss Boardman replied with great clearness and decision. All questions of this kind then came to her for final answers and it is fortunate for the Red Cross Nursing Service that her administration was so able and wise. She wrote (July, 1908):

> The rule that *all* of the American Red Cross nurses must be graduates of recognized training schools with at least two years' training in the course is of first importance and a rule that cannot be omitted. The Army makes this one of its regulations and we cannot be less particular, not only on this account but for *many* other reasons. At the time of the late war, the ——— state branch of the Red Cross sent out a number of nurses to the Philippines whose characters were of such a nature as to force the United States to require their recall. . . . Later when Mrs. Whitelaw Reid had charge of such matters for the New York Red Cross the nurses were selected for their character and ability and as a result most excellent women went. We can run no risk of repeating the . . . experience by taking in as Red Cross nurses women whose character, training and ability have been guaranteed by no one. I would rather have no nurses at all than run any such risk. . . . Quality must come first, quantity second. . . . Certain regulations must be observed; if they are not willing to observe them in Philadelphia we will get our nurses from elsewhere. According to these rules any nurse who had received one of those six weeks' training courses and could get two physicians to testify to her efficiency, after she had been practicing for three years could become a Red Cross nurse. As a result we would promptly lose our best nurses and supply ourselves with a second rate and poor lot of women. Not only is the two years of study and training

necessary to make a good nurse, but the discipline that these schools provide is of great value. We pay far too little attention to this.

To the officers of the Pennsylvania Branch, all of whom were men, who wrote asking:

> Who appoints the Committee on Nurses, and could the committee consist of the president and secretary of any State branch?

Miss Boardman replied:

> A Committee on Enrollment might be appointed by the chairman of the Executive Committee or the president of a Branch. . . . There is no reason why the president and secretary of a Branch should not be members of the committee for the enrollment of nurses. It would seem advisable, however, to have as a third member of such committee the superintendent of some training school of unquestionable standing.

The above material selected from among other examples illustrates the firm, intelligent support given by Miss Boardman to the ideals of good nursing and shows her part in maintaining standards in the Red Cross Nursing Service. Such examples recur from time to time, but this one will suffice to make the point.

An excellent plan now devised for the Nursing Service of the Red Cross State Branches was one whereby the superintendents of training schools might be secured, if necessary, to take command in time of need, such as war. The *American Journal of Nursing,* December, 1906, said of this:

> A meeting of the New York Committee for the enrollment of nurses for Red Cross service was held at the house of Mrs. William K. Draper, on October 19, 1905. It was decided to enroll two classes of nurses for Red Cross service; the regular private nurses for field work and hospital nurses for administrative work, the conditions of salary, health certificates, etc., being identical for the two. This will make it possible for many of the older women holding positions at the head of hospitals or training schools, to enroll for Red Cross duty and will insure to the Red Cross the services of trained executive heads if, in emergencies, temporary hospitals have to be established. By this provision also, there would be no age limit, as many of our most valuable workers,

who would not feel physically able to give field service in emergencies, will enroll with the prospect of being able to serve the country as supervising nurses.

The New York Red Cross committee decided in 1907 to enroll dietitians for hospital service and Miss Corbett, dietitian of the Department of Charities in New York City, was placed on the nurses' committee to draw up proper rules for such enrollments.

In 1907 the Executive Committee of the American National Red Cross issued resolutions explaining the protection of the Emblem by international treaty and requesting that all hospitals and commercial firms give up its hitherto widely exploited use. The latter resolution follows:

> Be it Resolved: That the Executive Committee of the American National Red Cross request that all hospitals, health departments and like institutions kindly desist from the use of the Red Cross created for the special purpose mentioned above, and suggests that for it should be substituted some other insignia, such as a green St. Andrew's cross on a white ground, to be named "Hospital Cross" and used to designate all hospitals (save such as are under the Medical Department of the Army and Navy and the authorized volunteer aid society of the Government), all health departments and like institutions, and further,
>
> Be it Resolved: That the Executive Committee of the American National Red Cross likewise request that all individuals or business firms and corporations who employ the Geneva Red Cross for business purposes, kindly desist from such use, gradually withdrawing its employment and substituting some other distinguishing mark.[8]

This request was generally heeded; thus Robert W. Hebberd, then Commissioner of Public Charities in New York City, substituted for the Red Cross on the sleeve of the white uniforms in the city hospitals, the staff and serpent of Aesculapius.

In that year (1907) occurred the first instance of a County Nurses' Society joining a Red Cross State Branch as a body, in the affiliation of the San Francisco County Nurses Association with the California State Red Cross. Another and different early grouping was shown in the affiliation of the District Nursing Association of Troy, New York, with the Red Cross.

In the autumn of 1907, the *American Journal of Nursing*

[8] Minutes of Central Executive Committee, Vol. I, p. 102.

established a Red Cross Nursing Department, for the purpose of spreading knowledge more widely among nurses and stimulating their interest by giving reports from all sections of the country. It was at first edited by Miss DeWitt, editorial assistant in the *Journal* office. With this department a systematic and complete history of Red Cross nursing growth and activity appeared regularly month by month. In that year also, the International Red Cross had resolved to take a part in the crusade against tuberculosis and it was realized that this would need the services of many more nurses. But with all these efforts, it became clear that nurses were not closely enough approached and that they were hanging back. Between the Red Cross Central Committee at Washington, the State societies with the nursing committees and the individual nurse, there was too lengthy a line of communication. Perhaps leading nurses felt this even more definitely than did the Central Committee of the Red Cross. They were aware that the nursing service was too loosely knit together to hold well in a dire emergency. They then made the suggestion that instead of State nursing committees within Red Cross State societies, the State Associations of Nurses, by that time strongly developed throughout the country, should themselves be the bodies responsible for enrollment and should coöperate in this work with State Red Cross societies. Several states had actually brought such an arrangement into being. Miss Damer, president of the Associated Alumnæ, pointed this out in her address at the Tenth Annual Convention in 1907. She said:

> Another matter in which we have made the discovery of the need of coöperation is the Red Cross work. . . . The Red Cross calls upon us nurses in its work in many ways. . . . It has been suggested that we ask the state (nursing) associations to coöperate in this matter, to form auxiliary societies among their members or have committees appointed who will enroll nurses for the Red Cross work. Ohio is very well organized in that respect, and California has recently started an auxiliary.

In 1908 came the first severe test of the efficiency of the Red Cross Nursing Reserve, with the calls for help from inundated sections of Mississippi, following the tornado and floods that occurred in April of that year. By dint of great effort, the need was met, but the machinery creaked, as explained with candor by the *American Journal of Nursing* (June, 1908).

After reciting the incidents of mustering the required nursing reserves, it said editorially:

> Judging from these facts, one receives the impression of prompt and efficient service, but knowing the inner side of the story, the nursing profession is given some cause for serious reflection. . . .
>
> The question before us is how to bring all of our forces so into coöperation with the Red Cross that prompt and efficient service may always be at the command of that society without unnecessary delays.
>
> All other considerations in connection with the Red Cross are secondary to this one of efficient enrollment. It should be taken up by every local organization and carried into our state and national conventions until the problem has been satisfactorily threshed out. Otherwise the Red Cross will be forced to train its own workers.

So far all the steps taken toward providing a Red Cross Nursing Reserve had proved to be but tentative and opportunistic and did not satisfy the nurses themselves.

The genuine affiliation of organized nursing bodies with the Red Cross which finally took shape, began with the work of Isabel Hampton Robb in 1908-1909, though her plan did not then carry in its original form. The story is fully told in Mrs. Robb's words at the second convention of the Federation of Nurses. This body, it is to be remembered, was composed of the two societies, the Superintendents and the Associated Alumnæ in joint meetings.

At the Superintendent's Convention in April, 1908, Miss Nutting, its president, had asked Mrs. Robb to serve as chairman of a Red Cross Committee and to enable such a committee to confer with the Central Committee of the Red Cross for the purpose of finding out whether any arrangements could be made whereby a settled Red Cross Nursing Service might be established. The following women were selected to serve with Mrs. Robb: Miss Damer (representing the Alumnæ), Miss Nutting (the Federation), Miss Nevins (the Superintendents' Society) and Miss Maxwell, who had had great experience in the Red Cross work of the Spanish-American War, as member at large.

On June 13, 1908, Mrs. Robb wrote to Miss Boardman telling her of the nurses' wishes and of the existence of the committee. Miss Boardman replied on July 20, 1908, saying:

I was very glad to receive your letter and am delighted. . . . This spring there were created three Red Cross Departments on, first, War; second, Emergency, and third, International Relief. A Board is at the head of each Department. General O'Reilly, Surgeon General of the Army and a member of our Central Committee, is the chairman of the first Board and I am chairman of the second. At the time of our annual meeting in December, the 8th and 9th, there will be meetings of these two Boards and there will also be a meeting of the Emergency Board in Washington the first part of October and probably also a meeting of the War Board about the same time.

If you are near Washington at that time and could meet these Boards it would be very useful as they are the Boards which will have active charge of those relief measures in which we would probably need the nurses' assistance.

Mrs. Robb and Miss Maxwell went to Washington in October and had an informal conference with Miss Boardman and Mr. Bicknell. They returned to New York and met the other committee members, no definite conclusion being arrived at. Mrs. Robb next summed up the substance of their conference with the Red Cross officials in the following letter to Miss Boardman:

Cleveland, October 15, 1908.

My dear Miss Boardman:

I beg to submit to you in writing the substance of the conversation Miss Maxwell and myself had with you on October 4, to the effect that the Federation of Nurses, which . . . numbers about 15,000 members, appointed a special committee to confer with the Central Committee of the Red Cross to find out if it might be possible to make suitable arrangements whereby all nursing and allied work required by the Red Cross Society might be done through the Federation of Nurses under proper organization. Unless some such organization is effected the majority of nurses feel that the most efficient nursing work cannot be attained, nor the proper selection of nurses made, and that in consequence all members of the profession are subject to unnecessary adverse criticism. The nurses also feel that suitable recognition should be accorded them as a body of professional women and the integrity of their work should be maintained. To those of us who have given the matter careful thought, it would seem that a satisfactory agreement to both the Red Cross and the Federation of Nurses might be reached through

affiliation, whereby a nursing department carefully planned in every detail might be organized that would cover all branches of Red Cross nursing, including that of the Army and Navy. This would not necessarily mean that women for appointment to any branch of the Red Cross nursing work must be a member of some nursing organization, but that she should have the qualifications now considered essential for a nurse in good and regular standing. If the Central Committee of the Red Cross is willing to consider this affiliation proposition, then it will be necessary to hold a conference to decide upon what grounds such an affiliation can be best worked out.

Very truly yours,
(signed) ISABEL HAMPTON ROBB.

To this Miss Boardman replied:

My dear Mrs. Robb:

Your letter of the 15th has been forwarded. . . . I feel confident that a plan satisfactory to all can be worked out. I shall be at my office in Washington on Thursday and then will go into the matter at length. I want you on the War Relief Board and as a meeting of the Board will be held soon after my return to Washington, your appointment will then be arranged for. The Red Cross president, Mr. Taft, makes this appointment.

Yours sincerely,
(signed) MABEL T. BOARDMAN.

A week later Miss Boardman wrote again to Mrs. Robb:

There has not yet been a meeting of the War Relief Board, but I think one will be held next week at which time your letter will be presented to the Board and at the same time your appointment as a member of that Board to represent the Trained Nurse part of the Red Cross and as a representative of the Federation of Nurses, will be made. I feel sure that this proposed affiliation with the Federation of Nurses can be brought about in a way satisfactory to all.

Please let me know when you expect to be east so that a meeting of this Board can be held during that time. A meeting of this Board will also be held about the time of the regular annual Red Cross meeting, December 8. At the meeting next week or thereabouts, I will read your letter to me of October 15.

In order that Mrs. Robb might obtain a seat on the War Relief Board, Miss Boardman generously resigned her own,

thus creating a vacancy which Mrs. Robb was appointed to fill, January, 1909.

Having conferred with her committee, Mrs. Robb attended the War Relief Board meeting in Washington (March 25) and there submitted the plan of affiliation as agreed on by her committee. The plan was, with but a few modifications, the same as one drawn up by Mrs. Robb herself, earlier in the winter, which had been informally discussed at Red Cross Headquarters and which is now in the Red Cross archives. This historical detail explains dual allusions in Red Cross official material to "Mrs. Robb's Plan" and "Mrs. Robb's Committee's Plan." Both were essentially the fruit of Mrs. Robb's ideas. The plan presented follows:

> To the Red Cross Board of Control of War Relief:—
>
> The committee appointed by the Federation of Nurses to devise a plan whereby the Red Cross might enter into affiliation with the Federation of Nurses for nursing purposes, begs to suggest the following plan for your consideration.
>
> Whereas it has been proven that volunteer service by the individual nurse is not a success owing to the fact that it is impossible to count upon her services in emergency:—
>
> It would seem advisable to form a regular nursing department of the Red Cross. That a permanent Chief Nurse having the requisite training, experience and organization ability be appointed to the head of this department. That the department be subdivided into four large sections, that of the North, South, East and West, and that a permanent Head Nurse be placed over each of these. That the Federation of Nurses be asked to affiliate with the Red Cross for the purpose of supplying the main nursing force. This force to be composed of its members specially selected, and in consideration of this, the Federation would request the following privileges:
>
> That its nursing force be drawn upon first for active service; that this nursing force have the privilege of wearing the Red Cross brassard on nursing service of any kind; that an executive committee from among its members shall be appointed by the Federation Council to act with the War Relief Board of Control: that the Federation be represented at the Red Cross annual meeting by one or more delegates selected from the Federation.
>
> The source of supply shall be drawn from the ranks of the Federation, from other qualified nurses not members of the Federation, from Sisterhoods and from so-called "experi-

enced nurses." It is further suggested that in order to insure a ready supply of nurses the Federation of Nurses be asked to form a central directory in all the large cities of the Union and the head nurse in charge of these directories be put on the permanent staff of the Red Cross Nursing Department subject in emergencies to orders from the national head nurse.

Duties of the Chief Nurse:

To organize the nursing force in detail in coöperation with the Executive Committee and Board of Control and the sectional head nurses. To keep corrected lists of all nurses on the sectional registers. To visit and inspect the various sections from time to time. To arrange for special courses in emergency training throughout the country. To arrange for Home Nursing courses in the various sections. To talk upon Red Cross nursing matters wherever and whenever desirable. To study Red Cross nursing organizations of other countries with a view of improving that in America. The Nursing Department of the *Bulletin* to be edited by her.

Duties of the Sectional Head Nurse:

To make lists with records of all trained nurses in their sections:

1. Number of Federated Nurses.
2. Number of Graduated Nurses not in the Federation.
3. Number of Sisterhoods—available.
4. Number of experienced nurses—available.
5. Lists of nurses on directories.
6. Lists of all available nurses.
7. Represent Red Cross work by at least one lecture before students in training schools. To arrange for and oversee courses on emergency and first aid nursing. Also to give courses on home nursing. To coöperate with other Red Cross work where possible.

(signed) Isabel Hampton Robb, Chairman.
Annie Damer,
M. Adelaide Nutting,
Georgia Nevins,
Anna Maxwell.

There were present besides Miss Boardman, Surgeon General Torney, Dr. Wise of the Navy, and Major Davis. Exception was taken (quite properly) to the point concerning the use of the brassard (a matter which could have been easily arranged) and to the expense the scheme would entail. The members present seemed, reasonably enough in so early a stage of the organization, unready to accept so considerable a plan, as there

would not always be a need for a great many nurses. Mrs. Robb suggested, in answer to this, that they might be used in nursing people of moderate means, but that, it was thought, was outside the Red Cross province.

The meeting then adjourned. The plan was talked over further by the Red Cross officers, who thought it elaborate and complicated, and a little later they sent the following statement in regard to it:

> At a meeting of the War Relief Board held March 25 at the National Headquarters in the War Department the suggested outline of plan for the affiliation of the Federation of Nurses with the Red Cross, prepared by Mrs. Robb at the request of the Board and after consultation with the Federation of Nurses' committee on Red Cross nursing, of which Mrs. Robb is chairman, was presented by Mrs. Robb and informally discussed. The Board considered the plan carefully studied out and containing valuable suggestions, but that as the carrying out of such a plan would involve a large expenditure of money from the Administration Fund of the Society, the Board felt that it would be impossible under present conditions for it to undertake any such elaborate plans. Mrs. Robb thought that it would involve an annual expenditure of from nine to ten thousand dollars to carry out the proposed plan.
>
> As experience has shown that for both war and emergency relief, the services of a number of nurses have very seldom been required for strictly Red Cross work, the Board questioned as to whether at any time it would be justified in such a large annual expenditure for the proposed plan unless some continuous beneficial use within the Red Cross sphere of work could be made of this affiliation.
>
> The Board hoped that for the present a plan for some limited affiliation may be brought about that will involve little or no expense to the Red Cross. It is desirous of obtaining the interest, support and assistance of the Federation of Nurses in Red Cross work so that the trained nurses of our country may be able to take their part in the patriotic and humane service of the Society in time of war or disaster.
>
> The Board desired to express its thanks to Mrs. Robb and the other members of the Federation of Nurses' committee on Red Cross nursing for the care and thought given the proposed plan and regret that the financial question makes its adoption under existing circumstances impossible.
>
> Chairman, Red Cross War Relief Board.[9]

[9] Minutes, Meeting War Relief Board, March 25, 1909.

Thus the first negotiations failed, but, in the light of later history, it is interesting to pause a moment and consider how the Red Cross Nursing Service has actually developed, along the lines of the plan presented by Mrs. Robb. The Department of Nursing was evolved for war purposes almost exactly as she recommended and gave striking testimony to Mrs. Robb's vision and foresight.

The decentralization of the service, as suggested by her under four sections, was rapidly effected after the declaration of war (1917) but instead of four it was necessary to create fourteen divisions, in each of which a full time, paid nursing director with a staff has been required.[10] The Executive Committee of her plan exists as the present National Committee on Red Cross Nursing Service.

The provision to include Sisterhoods was carefully considered (1914) and found of much practical value. For example, the nursing personnel of Base Hospital No. 102, from New Orleans, was directed by Sister Chrysostom Moynahan and included ten other Sisters. Practical nurses were utilized, especially during the influenza epidemic in 1919-1920, when many hundreds of women were needed.

The suggested directories as centers for enrollment were not utilized to any extent but, instead, local committees of nurses attached to state associations were organized and they collected credentials, passed upon the professional qualifications of applicants and finally forwarded all papers to National Headquarters where they were filed. The duties of the chief nurse as indicated by Mrs. Robb are almost identical with those of the Director of the Department of Nursing. Time has shown that her general plan, while a little startling when first submitted to the War Relief Board, and probably as a beginning too elaborate, was gradually accepted and that a still further elaboration, on an even more generous basis, soon became necessary. It was fortunate that this was so, for upon the declaration of war in April, 1917, there were 7000 nurses enrolled under the Red Cross and so well organized were its state and local committees that this enrollment was easily increased with great rapidity. Mrs. Robb did not embody in her plan her conviction that the Red Cross nurses should form the Army reserve but her mind was clear on this point. Finally her hope of seeing Home Nursing classes developed on a national scale has been fulfilled,

[10] This number under peace conditions was reduced to eight.

beyond, perhaps, even what she foresaw as possible, as we shall learn in another chapter.

The Central Committee of the Red Cross, disappointed in their first attempt, took counsel among themselves and planned another way of solving the nursing question.

In May, 1909, the War Relief Board proposed placing the Red Cross Nursing Department under a special subcommittee and sent to Mrs. Robb the following resolution passed by them on May 7 to that effect:

> Resolved, That the subcommittee on Red Cross Nursing Service shall consist of a chairman and fourteen other members, five to constitute a quorum. The chairman and five members to be members of the War Relief Board, to be appointed by the chairman of the Board; six members to be appointed by the chairman of the Board from a list of trained nurses submitted by the Nurses' Federation, and three persons to be appointed by the chairman on recommendation of the Board.
>
> The chairman and two other members of the committee to be selected from trained nurses, members of the War Relief Board. Of the three other members one should be a surgeon of the Army, one a surgeon of the Navy, and the third some other member of the War Relief Board. This will give a membership of nine trained nurses on a committee of fifteen.[11]

The resolution was read by Mrs. Robb as a part of her report at the annual convention in Minneapolis (1909) and discussed. Mrs. Robb was keenly disappointed in that the work and thought she and her committee had put upon their plan seemed to have been lost, and she feared that the hope of satisfactory affiliation had faded. But her intense idealism and love of perfection perhaps led her to forget how new and untried, as yet, was the American Red Cross organization. It is easy to see, now, how formidable and binding the plan must have seemed to the Red Cross executives. Other nurses realized this at the time and believed that it would be better to begin in a smaller way and to build up little by little. The suggested committee of fifteen seemed to them a sensible compromise and Miss Palmer arose as the spokesman of this group. She spoke of being an officer in the Rochester branch, reviewed the general conditions of Red Cross state work and offered this motion:

[11] Minutes, War Relief Board, May 7, 1909.

> Resolved, That the American Federation of Nurses affiliate in a body with the National Red Cross Society and that nurses be nominated by this association to serve with the National Red Cross Committee as outlined by the National War Relief Board.

Miss Delano had gone to the Minneapolis meeting with a hope of securing the assent of the Federation to the proposal made by the Red Cross. Miss Palmer wrote later:

> I know from my close association with Miss Delano in those early days . . . that she had very definite plans for the development of the service. . . . Although I submitted the resolution for affiliation it was really Miss Delano's resolution, as she had it written out in ink before the meeting and, sitting next to me, asked me to present it.[12]

There was an animated discussion and the resolution was adopted, but with an amendment to make the Associated Alumnæ the affiliating body, as all the superintendents belonged individually to it. After the annual meeting of the Red Cross in December, 1909, the War Relief Board named the following National Committee on Red Cross Nursing Service, and Miss Delano was made chairman:[13]

From War Relief Board

Mrs. Whitelaw Reid, New York City; Mrs. Isabel Hampton Robb, Cleveland, Ohio; Miss Jane A. Delano, Office of the Surgeon General, War Department, Washington, D. C.; Miss Georgia Nevins, Washington, D. C.; Major Charles Lynch, U. S. Army, Washington, D. C.; Surgeon W. L. Bell, U. S. Navy, Washington, D. C.

From Emergency Relief Board

Miss Mabel T. Boardman, War Department, Washington, D. C.; Mrs. William K. Draper, New York City.

Nurses' Associated Alumnæ

Miss Sophia F. Palmer, Rochester, New York; Miss Emma M. Nichols, Boston City Hospital, Boston, Mass.; Miss Linna G. Richardson, Portland, Oregon; Miss Anna C. Maxwell, Presbyterian Hospital, New York City; Mrs. F. Tice, Chicago, Ill.; Miss Margaret A. Pepoon, San Diego, California; Mrs. Harriet Camp Lounsbury, Charleston, West Virginia.

[12] Letter in Red Cross files.
[13] Minutes, War Relief Board, December 20, 1909.

The *American Journal of Nursing* said editorially:

> By the appointment of this committee, with the majority of its members nurses, the responsibility of the nursing department of the American National Red Cross is placed upon the shoulders of the members of the Associated Alumnæ. . . .
>
> So far, the nurses of the country have not responded to the call for enrollment in the Red Cross as they should, the reason frequently given being that such a department under the direction of laymen could not be conducted on a practical working basis. This excuse can no longer be advanced,—the work of organizing a Red Cross nursing service is now in the hands of nurses. With the concentrated strength of all our national and local nursing societies it can be made a practical working force. . . .
>
> The action of the Associated Alumnæ brings the nurses of this country into distinct relationship with the War Relief Board and gives to them a very influential place in the administration of the strictly nursing side of the work of the National Red Cross. It is an opportunity which has never been ours and one which must receive the most intelligent coöperation from all the affiliated societies in order to prove our worthiness of the confidence which has been shown us.

After the meeting at Minneapolis, Miss Delano had gone abroad for a short trip but was suddenly recalled by receiving the appointment to the post of Superintendent of the Army Nurse Corps, as indicated in the list given above. Her selection for this responsible work had been made on Miss Boardman's recommendation. The Surgeon General had gone through Colonel Lynch to Miss Boardman for advice and she knowing that Miss Delano was then free (her mother having some time before passed away) and feeling confident of her ability, had counseled them to secure her if possible. Miss Boardman believed this appointment would unify the Red Cross and the Army Nursing work and Miss Delano shared this feeling, for she once said to Miss Boardman, "one of my reasons for taking this (the Army Nurse Corps) is my interest in Red Cross nursing and I believe the Army Nurse Corps and the Red Cross Nursing Service should work in harmony."

The *Red Cross Bulletin* of October, 1919, said of Miss Delano's appointment:

> By this arrangement the whole system of the Regular Army Nursing Corps and the Red Cross Nursing Corps will be placed under one head, so that in case of war the plans

for Red Cross nursing assistance will fall into complete accord with the demands of the Army Medical Service. Miss Delano will, therefore, be not only fully advised as to the regular nursing strength of the Army Corps, but will know exactly the status of the volunteer aid of the Red Cross Nursing Corps.

On a later occasion, when narrating the steps by which Miss Delano went on to her long volunteer service in the Red Cross, Miss Boardman recalled the incidents of that time. She wrote:

> . . . At the time of Miss Delano's appointment to the Army Nurse Corps she was asked by the Red Cross to accept the chairmanship of its nursing committee. In consenting to do so Miss Delano said that one of the motives which influenced her in taking the Army position was the opportunity it would give to bring about a close relationship between the Army Nurse Corps and the Red Cross Nursing Service. . . . At that time there were not more than twenty nurses reporting regularly as members of the Army Nursing Reserve and Miss Delano concluded that the best way to secure an adequate number of reserve nurses was to do away with this branch of the Army Nurse Corps and to have the Red Cross authorized to provide this service. The Surgeon General agreed to her suggestion. . . . Devoting herself to the serious duty of reorganizing and improving the Army Nurse Corps Miss Delano quietly and carefully studied it. . . . The pay of the Army nurse was so low that it was impossible to obtain graduates of the best training schools and to correct this Miss Delano urged the increase of the pay in an Army appropriation bill. The Surgeon General's office approved her suggestion and included in it an increase in the pay of the superintendent of the Army Nurse Corps, which was also inadequate. When this amendment was submitted to Miss Delano she promptly struck it out so that she should be untrammeled by any apparent self-interest in her efforts for the benefit of the nurses.
>
> After two years as superintendent of the Army Nurse Corps Miss Delano came to me one day and said: "I believe now the time has come when I can give up my position in the Surgeon General's office. A very capable nurse, Miss McIsaac, will be appointed to succeed me. I have a little means of my own and I would rather live on a crust and serve the Red Cross than do anything else in the world. I will gladly give my services to the Red Cross if it desires them, to organize and develop its Nursing Department."

It was a very wonderful gift . . . there never was a gift given in a nobler spirit. . . .[14]

The official correspondence touching Miss Delano's resignation as head of the Army Nurse Corps follows:

War Department
Office of the Surgeon General
Washington

March 11, 1912.

To the Surgeon General,
United States Army,
Sir:

In accepting the position of superintendent of the Army Nurse Corps I did so in the hope of developing in connection with the American Red Cross an adequate nursing personnel which would in the event of war be available as a reserve for the Army Nurse Corps.

The organization of this nursing service is progressing most satisfactorily, but in addition to my duties as superintendent of the Army Nurse Corps the work has grown beyond my capacity. Believing that the maintenance of this Red Cross reserve is as necessary to the Army as the Nurse Corps and that Red Cross work should be as far as possible volunteer service, I have the honor to submit my resignation as superintendent of the Army Nurse Corps, to take effect April 1, 1912.

My only object in resigning is that I may have the time to devote to the development and maintenance of an efficient reserve of Red Cross nurses for the service of the Army.

Very respectfully,
(signed) JANE A. DELANO,
Superintendent, Army Nurse Corps.

1st Indorsement, War Department, Office of the Surgeon General,
March 11, 1912.

Respectfully forwarded to the Adjutant General of the Army, recommending that Miss Delano's resignation be accepted to take effect April 1. I view with great regret Miss Delano's separation from the Medical Department of the Army. She accepted the position of superintendent of the Nurse Corps in August, 1909, with the understanding that she would remain in office for only sufficient length of time to put the Nurse Corps on a thoroughly satisfactory basis. This she has done in an admirable manner.

[14] *Red Cross Bulletin*, May 12, 1919.

When she came to this office there were only 80 nurses on duty in the Army Nurse Corps and there was no eligible list from which appointments could be made. In addition to this admirable work Miss Delano has had charge of the enrollment of Red Cross nurses and has now on her list nearly 3,000 well selected nurses that will be available for service in the Medical Department in case of emergency.

In view of the success which has attended Miss Delano's work as superintendent of the Army Nurse Corps in preparing that organization to meet fully its obligations in the event of war, it is recommended that the Secretary of War in accepting her resignation place on record his appreciation of her services.

(signed) Geo. H. Torney, Surgeon General, U. S. Army

Approved:

By order of the Secretary of War,
(signed) Leonard Wood,
Major General
Chief of Staff.

Affiliation was now firmly rooted, but before following it further a brief final glance should be taken at the evolution of the Army Nurse Corps as part of Miss Delano's work. Mrs. Kinney had effected improvements in the Army Nurse Corps, though in her time the War Department had cut down very materially on all expenses. She had gained saloon mess for the nurses at sea and helped greatly in improving from the professional and social standpoint the position they had.

She did, probably, as much as anyone could have done in those early months, but there was still progress to be made when Miss Delano took charge. The Surgeon General had planned a Nurse Reserve which he called the "Eligible Volunteer Corps," [15] but in this he had not been successful. Early in 1904, the Surgeon General had issued the following regulations, which the *Journal of Nursing* published.

Eligible List of Volunteer Nurses

The Surgeon General has deemed it advisable to open in his office what shall be known as the Eligible List of Volunteer Nurses. The names of acceptable graduate nurses who are willing to serve in time of war or national emergency will constitute this list and the requirements for enrollment shall be as follows: Applicants must have graduated from a training-school for nurses which gives a thorough professional

[15] *American Journal of Nursing*, March, 1904.

education, both practical and theoretical, and which requires at least a two-years' residence in an acceptable general hospital of not less than fifty beds. Graduates from special hospitals and from insane asylums and private sanatoria will not be considered unless their training has been supplemented by not less than six months in a large general hospital.

Application for enrollment must be made to the Surgeon General and before being accepted the applicant must submit to the following: (1) A statement of her physical condition filled out in her own handwriting and sworn to by a notary public. (2) A certificate of her health from at least one reputable physician personally acquainted with the applicant. (3) The name of her school and date of her graduation. (4) A certificate concerning the moral, physical and professional qualifications of the applicant as shown by the records of the hospital must be furnished by the superintendent of the training school from which the applicant graduated. If she was trained under a former superintendent of nurses, her endorsement is also desirable. Blanks for these purposes will be furnished by the Surgeon General.

Approved candidates will be placed on the eligible list for appointment in event of war or national calamity.

Each nurse must agree to enter active service as she may be needed in time of war or national calamity. On the first of January and the first of July of every year she shall report to the Surgeon General, giving her address and enclosing a certificate from some reputable physician showing the condition of her health at that time.

When called into active service these nurses will be subject to all established rules and regulations and will receive the pay and allowances of nurses of the Army Nurse Corps as set forth in General Orders No. 54, War Department, November 16, 1903.

Nurses did not enroll, however, in large numbers in the Volunteer Corps. In the September, 1905, issue of the *Journal,* Miss Palmer, the editor, wrote:

> Another year is drawing to a close and at the beginning of August the "Eligible List of Volunteer Nurses" stands, since the first appeal in March, 1904: number of applicants for blanks, 174. Of these there have been returned 42; not recommended by her superintendent, 1; total number on the list, 41. Of these the number who have been or who are at present in the Army are 18, thus leaving the number of outside graduates on the list as twenty-three. If this means anything, it means that only *forty-one* nurses out of over thirty

> thousand desire to serve their country in its time of need. But we know that if an emergency arose the nurses would rise to meet it and we would have a repetition of the confusion and dissatisfaction which we were so ready to criticize and rebuke seven years ago simply because we are more selfish than patriotic. . . .
>
> Our faults are not the faults of nurses alone, for we only reflect the signs of the times and our own people, who love the glare of notoriety and excitement and are fickle and inconstant until misfortune and disaster overtake, when their inborn courage and faithfulness come to the front and save the day. Meanwhile we cry aloud, "How long, O Lord, how long?" with this record of our indifference standing as a public rebuke upon us?

Through Miss Delano's influence, the Red Cross Nursing Corps became the Army Nurse Reserve and the Eligible List of Volunteer Nurses was finally discontinued. Miss Delano secured for the Army Nurse Corps additional pay; cumulative leave; laundry of uniforms; first-class transportation for all nurses and improved quarters and in all of this the coöperation of the Red Cross had been most effective.

Miss Boardman has said that Miss Delano's influence with officials of the Army was most marked. She gained their confidence by her sober, solid judgment and by her willingness to consider opposing viewpoints. She was usually able to get her recommendations through.

Her successor in the Army Nurse Corps, Isabel McIsaac, was one of the most widely known and beloved nurses in the country. A graduate under Isabel Hampton Robb, of the Illinois Training School, she had risen through every position there to the superintendency; had been prominent in all nursing associations, had met thousands of nurses intimately as inter-state secretary and had written popular textbooks. Very attractive in appearance, with a personality expressing great sincerity, her Scotch ancestry was always evident in a certain dry and unfailing humor. Her views were broad and tolerant and her common sense amounted to a kind of genius. Miss McIsaac threw all her gifts into the Army work and also her life, for she died "in harness" at the Walter Reed Hospital, Washington, D. C., on September 21, 1914.

A general reorganization plan was now issued from Washington as outlined in the following summary. It does not seem

to have applied directly to nursing enrollment, but instituted the "Chapter" which from now on becomes a familiar word.

> The Central Committee at Washington has found it necessary to make certain changes in the form of the state branches and in a letter to these branches, under date of November 1, 1909, the reasons are clearly set forth. Briefly stated, these are distances which prevent representation from all parts of a state, with a tendency to concentrate officers and members at some central point, absence of state officers, jealousies, . . . conditions detrimental to the best interests of the Red Cross. Moreover, experience has taught that in case of disaster within the state the governor is the one who makes the appeal for assistance to the rest of the state, or to the President of the United States if national help is needed. Therefore, that the national headquarters with its active working force may be in immediate and close touch with all its branches when relief is needed, new regulations have been adopted by which local branches, hereafter to be called "Chapters," will be in direct communication with headquarters at Washington, retaining fifty cents on the annual dues, instead of twenty-five, for local use, and each Chapter may have the privilege of sending one delegate to the annual meeting at Washington. The state boards will assemble only in case of war or serious disasters.
>
> The charter, by-laws and regulations for state boards and Chapters have been issued under date of January 1, 1910, copies of which may be obtained from Major General George W. Davis, chairman Central Committee, American National Red Cross, Washington, D. C.[16]

At the first meeting of the National Committee on Red Cross Nursing Service, held on January 20, 1910, at the home of Mrs. W. K. Draper, New York, Miss Delano's appointment was ratified and she was asked to take the chair. Miss Georgia Nevins, head of the Garfield Hospital, was appointed secretary but as she was not present Mrs. Draper was asked to act as secretary pro tem. Miss Delano then submitted the list of suggestions drawn up by her committee and herself:

> Outline of Plan for the Enrollment of Nurses Adopted by the National Committee on Red Cross Nursing Service.
>
> Duties of National Committee:
>
> To organize the nursing service of the Red Cross.

[16] Charter, By Laws, and Regulations for State Boards and Chapters, American Red Cross, January 1, 1910.

To make uniform rules for the enrollment of nurses throughout the country.

To arrange for the establishment of state and local committees on Red Cross Nursing Service, and to specify the duties of all such committees.

To appoint annually state committees on Red Cross Nursing Service of not less than five or more than ten nurses who are members of organizations affiliated with the Nurses' Associated Alumnæ of the United States, but where a state nurses' association exists which is affiliated with the Nurses' Associated Alumnæ, appointments must be made from names submitted by the executive committee of such nurses' associations.

To issue to local committees on Red Cross Nursing Service the necessary blank forms for application of nurses for enrollment.

To receive and file in the central office of the Red Cross in Washington the application blanks and required credentials of all nurses who have been accepted by local committees for enrollment as Red Cross nurses, and to issue cards of appointment and Red Cross badges to all such accepted applicants.

To appoint, as headquarters, registries for nurses or other offices recommended by local committees as suitable places for filing lists of enrolled nurses.

To keep in the National office of the Red Cross in Washington card catalogues of all state and local committees and of all headquarters for enrolled nurses with the approximate number of nurses available at each.

To ascertain and keep on file the various sources of volunteer service available, including Sisterhoods and members of other orders.

To arrange for courses in home nursing, hygiene, and first aid under the direction of the Red Cross, utilizing as far as possible for this instruction enrolled Red Cross nurses.

To arrange for lectures on the relation of nurses to the Red Cross, and to encourage the presentation of the subject to graduating classes of nurses throughout the country.

To study the nursing service of the Red Cross in other countries, with the object of improving that in America.

In coöperation with the medical departments of the army and navy, to provide instruction for enrolled nurses in the special duties which would be required of them in time of war.

All matters relating to the services of nurses under the Red Cross will be referred to the chairman or secretary of

the National Committee of Nursing Service, and in coöperation with such other members of the committee as may be necessary they will be responsible for all assignments of nurses to duty, and when two or more nurses are sent out together one shall be placed in charge or authorized to act as head nurse.

The National Committee on Red Cross Nursing Service shall hold regular semi-annual meetings, one in Washington at the time of the annual meeting of the Red Cross, and the second at the time and place of the annual meeting of the Nurses' Associated Alumnæ.

Special meetings may be held at any time at the call of the chairman.

Full reports shall be presented at the semi-annual meetings.[17]

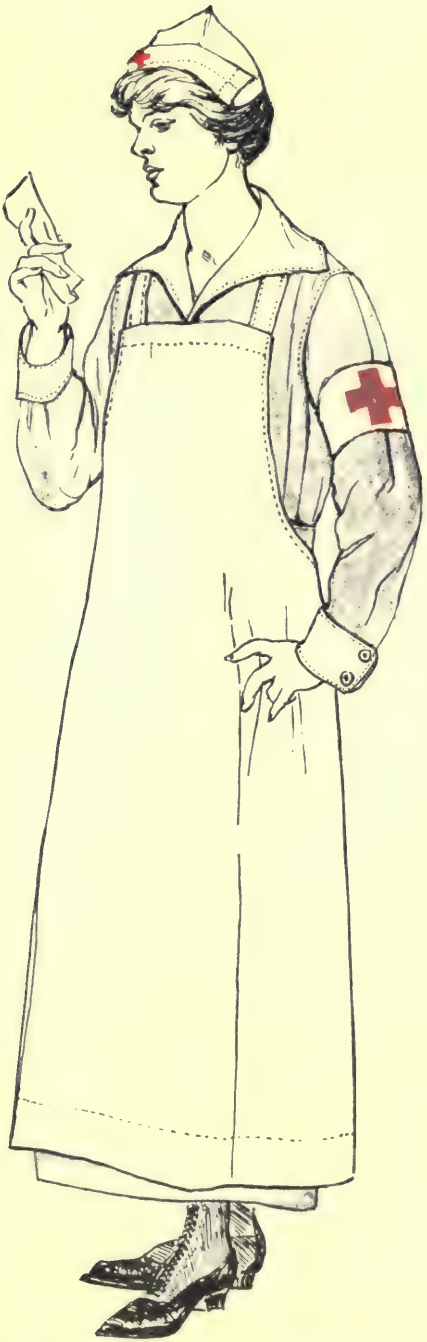
JANE A. DELANO.

The form of application, as prepared by Miss Delano's committee was submitted and with one or two slight changes was approved, as follows:

1. Name of applicant .....
2. Address .....
3. Date of birth.....Place of birth.....
4. Are you married, single or a widow?.....
5. Are you a citizen of the United States?.....
6. Have you any physical defects?.....
7. Education and occupation before entering training school .....
8. From what training school did you graduate?.....
9. Is it connected with a general, special or private hospital? .....
10. How many beds in hospital at time of graduation?.....
11. Date of graduation.....Length of course.....
12. Name and address of superintendent under whom you were trained .....
13. Of what nursing organization are you a member?.....
14. Give name and address of secretary.....
15. Are you a registered nurse?.....In what State?.....
    Date of registration.....
16. How have you been employed since graduation?.....
    Give information for each year.....
17. Give name and permanent address of nearest relative....
    Signature.....

Date.....

[17] *American Journal of Nursing*, February, 1910, p. 303.



Indoor uniform, gray dress, brassard and cap, of an American Red Cross Nurse. The dress uniform of the Nursing Service consists of a white dress of this type, white shoes and stockings, the brassard, the cap and the cape, but no apron.

The chairman then presented suggestions to be filed as reference for the applicants—this blank to be entitled "Credentials from Training Schools." After a short discussion of the above title, and one or two slight changes in the text, the blank was accepted as follows:

1. Name of applicant.....
2. Name of training school.....Address.....
3. Date of graduation.....
4. Length of course.....
5. Number of beds in hospital during applicant's training .....
6. Character of hospital:
   General..... Special..... Private.....
7. Are pupils sent out for private duty?.....
8. What, if any, position of responsibility did applicant hold during her training.....
9. Was her record satisfactory in regard to the following:
   Work? .....
   Health? .....
   Conduct? .....
10. Was she employed in your hospital after graduation?
11. What has been her standing as a nurse and woman since graduation? .....
12. Are you willing to recommend her for Red Cross Service? .....

Superintendent of Training School
.....
.....Hospital .....
Graduate of .....

Name and address of superintendent under whom the applicant was trained:
Remarks .....
Date .....

It was moved by Miss Palmer and seconded by Mrs. Robb that the form of application and credentials from training schools be adopted. These were as nearly uniform as possible with those used by the Government, so that in time of war they can be made immediately useful in the Surgeon General's office.

The rules governing the enrollment of nurses for service under the American Red Cross were adopted, as follows:

1. All nurses enrolled for service under the American National Red Cross must have graduated from a school for nurses which gives a thorough professional education, both

theoretical and practical, and which requires a residence of at least two years in an acceptable hospital. In states and territories where registration of nurses is required by law, graduates of schools not acceptable to Boards of Registration will not be considered eligible for enrollment as Red Cross nurses.

2. All applicants for enrollment must be endorsed either by superintendents by whom they were trained, or by a nursing organization which is a member of, or affiliated with, the Nurses Associated Alumnæ of the United States; or must submit such other evidence of moral, professional and mental qualifications as may be required.

3. All enrolled nurses shall receive a physical examination before being assigned to service, if required,—such examination to be made at most convenient point by a physician authorized by the Red Cross.

4. No nurse under twenty-five years of age shall be enrolled for active service.

5. All nurses called on for service in time of war will be required to take the oath of allegiance.

Mrs. Robb moved that this committee recommend that the Red Cross Nursing Corps enroll for paid service. This motion was seconded by Miss Nichols, and after a short discussion was carried.

The plan for carrying on the work of enrollment was then discussed by the committee and the following motion made by Miss Cooke and seconded by Miss Palmer was unanimously adopted:

That the Central Committee on Red Cross Nursing Service should ask each State Nurses' Association to instruct their executive committee to appoint a Red Cross committee, of not less than five members, to organize local committees throughout the State for the purpose of enrolling nurses. The local committees to be seven in number—five nurses and two lay members, representing the local Red Cross; these committees to have charge of enrollment. The application blanks and credentials of the nurses, as accepted by this committee, to be sent to Washington for filing; and a card catalogue, giving the name, address, telephone number, school of graduation and date of graduation to be kept by the local committee for reference—the local committee also having the responsibility with the approval of the State Nurses Red Cross Committee, for arranging with some registry, training school or office to take charge of these cards, and be respon-

sible for the immediate notification of these nurses in case of an emergency call.

AMERICAN NATIONAL RED CROSS

.....Branch[18]

.....19

.....

On recommendation of the Committee on Nurses of the ..... Branch of the American National Red Cross your offer of service is hereby accepted for assignment to duty when and where your services may be required.

When assigned to duty your compensation will be at the rate of forty dollars per month when on duty in the United States and fifty dollars per month when without the limits of the United States, in addition to transportation and subsistence.

This acceptance to hold until your services are no longer required, or until your resignation is accepted.

Very respectfully,

.....

President.....Branch,[19]
American National Red Cross.

To.....

.....

The correspondence between Miss Delano and her co-workers at that time teems with suggestions and counter-suggestions. The letters are full of interest and many tempt one to include them, but their length precludes all but brief illustrative examples.

Mrs. Helen F. Draper to Miss Delano:

> I agree with you that as a general thing it is wiser to limit the number of persons to serve on a committee. In this particular instance, however, where we are not starting out on a new basis, but reorganizing a former plan, I think that local conditions have to be taken into consideration. It would seem to me wiser, as in Brooklyn and New York, to continue the former committees as far as possible. I therefore think that your suggestion in regard to State Committees is good — "It shall be the duty of the National Committee to appoint State Committees of at least five nurses who are members of organizations affiliated with the Nurses' Associated Alumnae, but where a State Nurses' Association exists these appoint-

[18] Minutes, Nat. Com. on Red Cross Nursing Service, January 20, 1910.
[19] *Ibid.*

ments must be made from names submitted by the executive committee of such State Nurses' Association." I, also, agree to the suggestion in regard to the appointment of local Red Cross committee by the State Committee on Nursing Service.

In regard to the annual appointment of committees, I think if this is done, it should be done only with the idea that two members only should come up each year. I would personally prefer a permanent—but if the majority of the Central Committee on Red Cross Nursing Service feel that a varying committee is wiser, I would be willing to vote for one where two members were changed each year.

The manifold details of bringing affiliation plans into shape and of uniting on some definite lines of activity for peace times are suggested in the following letter from Miss Delano which touches on all the problems then pressing for solution. Of these one of the most significant was that already mentioned as having arisen in 1908, of carrying instruction into the homes of the people.

March 15, 1910.

My dear Mrs. Draper:—

At last we have the first installment of the Red Cross matter ready, and it seems to me that it would be possible to begin on the formation of the State Committees while we are at work on the other data. In the meantime the State Committees can be planning out their work and locating the branches. After talking the matter over a number of times we decided that it would be better to publish all the data in a little book about the size of the Constitution of the Red Cross so that every one interested will know all of the steps from the duties of the National Committee down to the actual enrollment of nurses. Miss Boardman thought that it would be well to have a little outline of the Red Cross at the beginning and the circumstances leading up to the affiliation of the Nurses' Associated Alumnæ, which accounts for the little "foreword" I am sending you. Some changes may be necessary in the "duties of the National Committee," and we hope you will criticize and suggest any changes you think necessary. After much discussion and many letters it seemed wise to leave the size of the State Committee with the various States. Do you approve of the paragraphs relating to "sources of volunteer service," "the courses in home nursing," "hygiene," "first-aid" (these were among Mrs. Robb's suggestions) and provision for lectures on Red Cross subjects? Miss Boardman wished to leave the matter of assignment of

> nurses to active duty to the National Committee, and the paragraph referring to this was added at her request. . . . In talking with Miss Boardman and Miss Nevins in regard to the appointment of the committees it was suggested that it would be almost impossible to keep track of the members going out at varying periods where there are so many committees to consider. The idea of the annual appointment was that, as a matter of course, all members of the Committee should be reappointed, unless for some reason it seemed best to make a change. If we make any provision for reappointment with so many permanent committees all over the country, there seems more or less danger of having a certain number of inactive people on the committees with difficulty in regard to placing them. This would make it possible to reappoint all of the committee, if desirable, or to make changes without hurting anyone's feelings.

To the reference in this letter to the home nursing plan Mrs. Draper replied with suspended judgment, as she thought it was too soon to branch out in new directions. What the subsequent developments of this department were will be dealt with in a special section.

In April, 1910, Isabel Hampton Robb was suddenly removed by death from the manifold activities in which she took so eager, intense and inspiring a part. In the *American Journal of Nursing* of May, we read:

> The shock of her death is so great that it seems impossible yet to collect one's thought sufficiently to look back over her long service to the nursing profession—she was still in close touch with all its activities. One cannot think of a movement of importance of which she was not one of the moving spirits, organizer, supporter; the Superintendent's Society, of which she was president only last year; the Associated Alumnæ, of which she was president for the first five years and at whose meetings she was almost always present; the *Journal* the course at Teachers College, of which she was one of the lecturers; the International Association to which she was a delegate last summer; the Red Cross, of whose Central Committee she was a member. All of these will miss her sadly.

The Minutes of the Central Committee said of her:

> We record with much sorrow the tragic death of Mrs. Isabel Hampton Robb, a most valuable member of the War Relief Board and of the sub-committee on Red Cross Nursing

Service, a woman of large insight, warm sympathies and broad experience, to whom we are indebted more than to any other person for the development and perfection of nursing organizations which has made the work of this committee possible.

By early summer Miss Delano presented the following encouraging report on affiliation and enrollment:

AMERICAN RED CROSS NOTES

The National Committee on Red Cross Nursing Service announces with pleasure the completion of the plan for the enrollment of Red Cross nurses. The first step necessary is the formation of State Committees on Red Cross Nursing Service in accordance with the following provisions.

"The National Committee shall appoint State Committees on Red Cross Nursing Service of not less than five nor more than ten nurses who are members of organizations affiliated with the Nurses' Associated Alumnæ of the United States, but where a state nurses' association exists which is affiliated with the Nurses' Associated Alumnæ appointments must be made from names submitted by the executive committees of such state nurses' associations. Unless changes in personnel become necessary, it is desirable that a majority of the members of State Committees be reappointed annually."

The following State Committees on Red Cross nursing service have already been appointed.

West Virginia: Mrs. H. C. Lounsbury, Charleston; Mrs. Mary G. Carpenter, Wheeling; Miss Vernon, Fairmont; M. Virginia McCune, Martinsburg; Mrs. M. Lingenfelter, Hinton.

Illinois: Adda Eldredge, chairman, Chicago; Mary C. Wheeler, Quincy; Adelaide M. Walsh, Chicago; Ellen Parsons, Chicago; Mrs. Tice, Chicago; Helena M. McMillan, Chicago; Benna M. Henderson, Chicago.

New York: Elizabeth Dewey, chairman, Brooklyn; Beatrice V. Stevenson, Brooklyn; Mrs. C. V. Twiss, New York City; Elsie Patterson, New York City; Anna Charlton, New York City; Mrs. Ernest G. H. Schenck, New York City; Mrs. Harvey D. Burrill, Syracuse; Sophia F. Palmer, Rochester; Marie T. Phelan, Rochester; Rye Morley, Buffalo.

To facilitate the formation of these committees the following states have been assigned to members of the National Committee and state secretaries are earnestly urged to communicate with their organizing member of the National Committee for information and advice.

Emma M. Nichols, Boston, Mass., Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut.

Anna C. Maxwell, New York City, New York and New Jersey.

Georgia M. Nevins, Washington, D. C., District of Columbia and Maryland.

Mrs. H. C. Lounsbury, Charleston, W. Virginia, West Virginia, North Carolina, South Carolina, Georgia, Kentucky and Tennessee.

Mrs. Frederick Tice, Chicago, Illinois, Michigan, Iowa, Minnesota, Missouri, Arkansas, Louisiana.

Linna G. Richardson, Portland, Oregon, Washington, Oregon, Idaho, Montana, Wyoming.

Margaret A. Pepoon, San Diego, Calif., California, Nevada, Utah, Arizona.

States unassigned will communicate directly with the Chairman of the National Committee on Nursing Service, State, War and Navy Building, Washington, D. C.

(signed) JANE A. DELANO,
Chairman National Committee
on Nursing Service.[20]

States which were not yet organized were summed up thus by Miss Delano:

To myself, as chairman of the Committee, came the mother's share, all those states which did not seem to fit in any locality, many of them without state organizations. I am sorry that I am not able to show a better report of my own work.

Pennsylvania has begun its organization. Delaware has not been communicated with. Mrs. Lounsbury is going to consult with Virginia to bring about an organization, while the delegates are here. Florida has no state organization. Texas is at work and I hope will very soon be organized. North Dakota and South Dakota have no state organizations. Nebraska has, and has a delegation here, and we hope to have something done before it goes back.

Kansas has no state organization. Colorado has. New Mexico has none. Alabama has none. Mississippi has none. Ohio is organized with Miss Johnson, who is in charge of the district nurses in Cleveland, as chairman. Indiana is organized with Miss Elizabeth Johnson of Indianapolis, chairman. Wisconsin, one of the two states admitted this session, is organized. With true western spirit they had their com-

[20] *American Journal of Nursing*, May, 1910, p. 599.

mittee all appointed in case they were accepted, so there was very little trouble, and Miss Matthews is chairman.

I think you will agree with me that this is a good showing for a very few weeks' service.

Within a couple of months the results of the labors of the National Committee members to whom had been entrusted the sections of the country above named, were recorded in Miss Delano's notes, together with an outline of her own coast-to-coast tour of speech-making before audiences of nurses. She wrote:

> The response from various sections of the country has been most gratifying and already the following State Committees have been appointed and are at work organizing Local Committees: Massachusetts, chairman, Mary M. Riddle; New York, chairman, Elizabeth Dewey: District of Columbia, chairman, Anna J. Greenlees; Maryland, chairman, Mary C. Parkard; West Virginia, chairman, Mrs. H. Camp Lounsbury; Georgia, chairman, Mrs. A. C. Hartridge; Tennessee, chairman, Lena A. Warner; Illinois, chairman, Adda Eldredge; Michigan, chairman, Mrs. L. E. Gretter; Iowa, chairman, Helen Balcom; Louisiana, chairman, Emma L. Wall; California, chairman, Moselle Richie; Oregon, chairman, Jennie V. Doyle; Ohio, chairman, Matilda L. Johnson; Indiana, chairman, Elizabeth Johnson; Wisconsin, chairman, Stella S. Mathews. . . .

The following letters show how the work of tying up State societies of nurses with the Red Cross was completed:

> December 2, 1910.
>
> General George H. Torney, Chairman,
> of the War Relief Board of the
> American Red Cross.
>
> Sir:—
>
> In accordance with the provision of the By-Laws of the American Red Cross, Article 15, paragraph f, page 21, which reads as follows: "Societies of Nurses. The Central Committee shall have authority to establish a class of membership into which may be invited permanent State or Territorial societies of nurses. When accepted into membership by the Central Committee any such society shall be entitled to delegate representation in the annual meeting of the American Red Cross under terms and regulation prescribed by the Central Committee."—I would request, as chairman of the Committee on Red Cross Nursing Service, that membership

be allowed all State Nurses' Associations organized for the enrollment of Red Cross nurses.

If this suggestion meets with the approval of the Central Committee of the American Red Cross, the following State Nurses' Associations would be eligible for membership: California; District of Columbia; Georgia; Illinois; Indiana; Iowa; Louisiana; Maryland; Massachusetts; Michigan; Nebraska; New Jersey; New York; North Carolina; Ohio; Oregon; Pennsylvania; Tennessee; West Virginia; and Wisconsin.

Very respectfully,
(JANE A. DELANO)
Chairman, National Committee on
Red Cross Nursing Service.

December 5, 1910.

To Miss Delano:

. . . That the plan in general, as outlined in report submitted by the Chairman of the Subcommittee on Red Cross Nursing Service, is approved and the Chairman is requested to transmit the same to the Central Committee for its consideration and action.

(signed)
TORNEY.

An example of the letters sent throughout the country is this one of Mrs. Lounsbury.

THE AMERICAN NATIONAL RED CROSS
Washington, D. C.

National Headquarters,
Room 341, State, War and Navy Building

Miss ————
President State Nurses Association.
Dear M.....

The National Red Cross Nursing Service has been thoroughly reorganized, and is now ready to receive the names of nurses who wish to be enrolled for service. The plan of the National Committee is to enlist the active sympathy and coöperation of the presidents of the State Nurses' Associations and through them to reach the individual nurses.

You are cordially invited to assist in this great work, and to act as the distributing center for ————. I enclose a booklet containing the rules and regulations for the American Red Cross Nursing Service, and sample copies of the application for enrollment, the card for filing in Washington

and the card for the endorsement of applicants by State or Alumnæ Society.

Will you kindly let me know if you will assist us in this great work, which seeks to place in the hands of the Red Cross in Washington the names and addresses of graduate registered nurses, who can be called upon in time of war or national calamity.

Will you send me the names of four responsible nurses of ———— who will assist you, acting as a State Committee? An early reply will be much appreciated.

Sincerely yours,

(signed) Harriet Camp Lounsbury, R. N.
Mrs. George Lounsbury.

We must pass over Miss Delano's trips to the West in the summer of 1910, primarily to inspect the Army Nurse Corps. It is more relevant to give, here, some glimpse of how the Red Cross enrollment went on, as recorded by Mary A. Clarke in her personal recollections of Miss Delano:

On her return to Washington about December 1, 1910, she asked me to come to assist her in the work of enrollment. . . . Miss Delano was just getting settled in a cozy home. . . . She was essentially domestic in her tastes. . . . The American Red Cross offices were then in the State, War and Navy Building, but Miss Delano, expecting to do her Red Cross work before and after her day at the War Department, made her office in her home.

Her largest room was fitted up for Red Cross work. . . . Applications and letters were gone over daily. A vast number of typewritten letters of instructions and large packets of circulars were sent east and west, north and south. . . . Every application was carefully gone over, first by me and then by Miss Delano. . . .

When the nursing service was reorganized it was found that about 950 nurses had been enrolled under the old dispensation. Through the *Journal* Miss Delano sought to locate them all, list names and addresses, number of their badges, date of enrollment and ascertain how many were still available for service. . . .

Steadily as time went on, qualifications for enrollment become more stringent. Training schools everywhere were anxious to come up to the requirements, some insisting upon more extensive preliminary education on the part of their applicants, others lengthening their course of instruction, and some superintendents adding beds to the hospital's former capacity in order to meet the fifty-bed requirement. . . .

> It was soon evident that the more the enrollment of nurses was restricted the more eager nurses were to join. By July, 1911, applications were coming in at the rate of 200 a month. . . .
>
> Miss Delano was single minded in her determination to enroll only those women who, in addition to professional efficiency were well recommended personally both by the hospital superintendent and the president of the alumnæ association. . . . She was tenacious of her point as to the personality of the nurse because she felt that the women chosen for Red Cross nursing must be of such uprightness of character, purity of life and good judgment, that they could be relied on to do the discreet and right thing wherever placed.[21]

The home-loving phases of Miss Delano's many-sided personality, to which Miss Clarke made reference, were further described by a close friend who later made her home with Miss Delano:

> I grew to love her dearly, not only for her goodness to me but because of her personal charm, her interest in all that pertains to home life, her love of animals and flowers, her almost child-like enjoyment of the simplest pleasures. A strong sense of humor carried her through many trying situations and she loved both to hear and to tell a good story. She was rarely idle, rest to her meaning only change of occupation. She worked deftly and swiftly, making every moment count, and she played, when not overburdened as in the last year, with the same thoroughness. An excellent housekeeper in methods familiar to New England, she was interested in the smallest details of her household. . . . It was a pleasure to watch the motion of her hands, they were so capable and efficient. She was very orderly as to her belongings, but at the same time delightfully inconsistent, for she would allow her pet dog to take liberties which to most people would have been annoying. He adored her and from the moment her car turned into our street he was at the door with a rapturous greeting.
>
> She professed to have forgotten how to nurse, yet I shall never forget an illness when she carried me bodily to her home, put me to bed and cared for me herself with wonderful tenderness, skill and resourcefulness. . . .[22]

In January 1911 Miss Delano began writing the Red Cross Department of the *American Journal of Nursing*, a responsi-

[21] Memorandum in Red Cross Archives.

[22] G. M. Nevins, *American Journal of Nursing*, Vol. 19, p. 699.

bility which she carried until her death. In her first notes she wrote:

> At a meeting of the Central Committee of the American Red Cross held on Monday, December 5, 1910, the following resolution was adopted:
>
> That each State or Territorial nurses' association organized for the enrollment of Red Cross nurses be admitted to membership in the American Red Cross with the right to send a delegate to the annual meeting. . . .
>
> [The names of the states admitted to membership followed; they have already been given.]
>
> We will confine this report more especially to the activities of the Committee on Red Cross Nursing Service. The importance with which this work is considered is shown by the official report of Surgeon General George H. Torney, chairman of the War Relief Board, which was read at the annual meeting and from which we quote the following:
>
> "Probably the most important accomplishment of the War Relief Board during the year has been the organization of two departments, the First Aid Department and the Nursing Department. It was realized that the importance of these two classes of work had become so great and demanded such close supervision that it was essential that two departments be created. The wisdom of this decision has been proved by the outcome. The work of the First Aid Department and of the Nursing Department will be described by their respective chairmen. I feel, however, that I can allude to the importance of the work of these departments with more grace than can these chairmen." . . .
>
> Since some of our nurses can be relied upon only for organization work, and realizing the importance of this, either in time of peace or in the event of war, it was resolved "that all nurses, members of Red Cross Committees, be asked to enroll even though unable to respond to a call for active service.

The first suggestion of Rural Nursing was made in 1910 at the annual meeting:

> A letter from Miss Wald to Mr. Schiff was then read by the chairman. Miss Wald set forth the needs of the rural communities for nursing and wished to know if the Red Cross might not consider taking up such a work. While the fact was recognized by the Committee that effort should be made to keep up the interest of enrolled nurses, it was thought that preparation for war, and emergency work in the form



Insignia (actual size)

1. Badge worn by an American Red Cross nurse. 2. Badge worn by an American Red Cross Home Defense nurse. 3. Pendant (now obsolete) formerly worn by an American Red Cross Town and Country nurse. 4. Badge worn by an American Red Cross dietitian. 5. Insignia (collar device) worn during the European War by members of the U. S. Army Nurse Corps. 6. Present insignia (collar device) worn by members of the U. S. Army Nurse Corps. 7. Insignia (collar device) worn by members of the U. S. Navy Nurse Corps. 8. Corps device of the U. S. Public Health Service, worn by members of the Nursing Service, U. S. Public Health Service.

of lectures from army officers, if possible, and later perhaps, the formation of home nursing classes, were preferable to any other nursing work by the Red Cross at present.

Mrs. Draper strongly urged that the Red Cross direct its attention for some time to come to the subject of thorough organization. Mrs. Tice moved that a committee including Mrs. Draper, Mr. and Mrs. Glenn, and Miss Maxwell be appointed to confer with Miss Wald. This was carried.

Mrs. Draper then brought up the question of assistance to the chairman of the Red Cross Nursing Service. The small office of the superintendent of the Army Nurse Corps was wholly inadequate and she was no longer able to do the constantly increasing work of this committee unaided. Major Lynch moved that the Red Cross be asked to appropriate a sum not exceeding $1200 annually for salary of a clerk and room rent. It was carried.

A paper was read at the same meeting on the "Coördination of Social Agencies," by Annie Laws, secretary of the Cincinnati Chapter. Miss Laws, as Miss Wald had done, brought larger social problems forward. She said among other suggestive things:

> The question has arisen in the minds of many as to whether the great American Red Cross, pledged to help humanity in so many directions, might not extend its fostering care, through the visiting Red Cross nurses, to others needing help quite as badly as tuberculosis patients, in some cases more. Also, whether the fact that the Red Cross with its insignia being so absolutely identified at Christmas-time with a more limited organization, and yet being brought so prominently forward, does not tend to confuse the minds of many people and obscure the larger significance of the Red Cross, and make it appear as an adjunct rather than as the great international and national emblem. . . .[23]

This paper and Miss Wald's letter contain the initial suggestions of important subsequent work of the Red Cross for public health which will form the subject of later chapters.

The year 1911 saw the first movement of the United States troops since the Red Cross Nursing Service had come into existence and Miss Delano said in her *Journal* notes:

> All Red Cross nurses will be interested in the mobilization of 20,000 United States troops on the Mexican frontier.

[23] Report of the Annual Meeting of the Red Cross Nursing Service Committee, December 7, 1910.

and over 2000 marines in the Gulf of Mexico, for never before in the history of the country has such a large body of soldiers been brought together in time of peace. . . . Should a sudden need for nurses arise, there stand ready to coöperate with the National Committee on Red Cross Nursing Service, 141 nurses on 24 State Red Cross committees, and 233 more on local committees. These committees, with nearly 1300 enrolled nurses, are a guarantee to the nation that neither the stress of calamity nor the turmoil of war will ever again find us wholly unprepared.

The National Committee on Red Cross Nursing Service has in contemplation a plan for providing instructive lectures to be given by medical officers of the army to assemblages of nurses in different parts of the country. Two of these have already been given by Colonel L. M. Maus, Chief Surgeon of the Department of the Lakes; one in Illinois, the other in Wisconsin, at the meeting of their respective State associations.[24]

A letter to Mrs. Reid from Miss Delano at this time gives a personal touch to the activities of each:

May I thank you for your most generous contributions toward the work of the National Committee on Red Cross Nursing Service and tell you something of what has been accomplished during the past year:— . . .

We have a special Red Cross Department in the *Journal of Nursing*, and the interest shown by nurses all over the country is most gratifying. We send to each nurse enrolled the usual badge and an appointment card like the enclosed, which is really a card of identification in case the badge is lost. I am sending by separate mail copies of our various blanks, which may be of some interest.

I have been hoping all winter that we could arrange for a reception for enrolled Red Cross nurses in Boston at the time of the meetings of the Associated Alumnæ in June, and just when I was wondering how it could be managed your contribution came through Mrs. Draper. Nothing, I am sure, would more stimulate interest in our Red Cross work than bringing the enrolled nurses together. I have talked this over with Mrs. Draper and Miss Boardman and they both feel sure that you would approve of our using a portion of this last contribution for the expenses incurred in giving this reception. We will send an invitation to each enrolled Red Cross nurse in the United States (we have now

[24] *American Journal of Nursing*, April, 1911, p. 537.

nearly 1600), and hope that many of the Alumnæ Associations may send them as delegates to the Boston meetings. Mrs. Draper, Miss Boardman, Major Lynch of the Army and Dr. Elliott of the Navy have all promised to assist in receiving, and Major Lynch has suggested that we invite all the physicians in Boston who are on the Army Medical Reserve list.

It was suggested at the meeting of the Associated Alumnæ last year that it would be a great advantage to have a well-known nurse attend the various meetings of State Societies, Alumnæ Associations, etc., and speak to the nurses in regard to the purposes of our larger organization, the educational value of the *Journal of Nursing,* and the responsibility of individual nurses toward the Red Cross. We selected Miss Isabel McIsaac, for many years superintendent of the Illinois Training School for Nurses, for this work. She was employed for six months, receiving $100.00 a month, and made a complete tour of the various states. All of her traveling expenses were met by the nurses themselves, leaving only her salary of $600 to be shared by the *American Journal of Nursing,* the Red Cross and the Associated Alumnæ. Your contribution of last year made it possible for the Red Cross to do its part, and I feel sure that we have been more than repaid by the interest aroused in all sections of the country.

This is a hopelessly long letter, but I am sure you will forgive me, for I feel that I must tell you again how thankful we are for your interest and help. To have your name on the Committees means much, and I really want you to know just what progress we are making.

Believe me,

Yours sincerely,

(signed) JANE A. DELANO.

The June Meeting of the Associated Alumnæ in Boston, 1911, was made a special Red Cross nursing event. A Red Cross reception was held at the Hotel Brunswick, and letters of greeting and congratulation were read. Dr. Torney wrote:

War Department,
Office of the Surgeon General,
Washington, D. C., May 25, 1911.

Dear Miss Delano:

It is with great gratification that I learn that nearly 2000 nurses have enrolled in the Red Cross Nursing Service. The Medical Department always looks upon these nurses as its reserve in time of war, and this large enrollment is the most encouraging information I have received in a long time with

reference to our efforts to prepare the Department for its work in time of emergency.

I hope you will take occasion at your Boston meeting to express my appreciation of the patriotism shown by the State and Local Committees and the nurses throughout the country in respondng to the call to join the Red Cross Nursing Service.

With a large enrollment of Red Cross nurses, the difficulties that have been experienced by the Medical Department in obtaining a suitable nursing service will be impossible in the future.

Miss Delano wrote, after this meeting:

> Nothing has so stimulated interest in the Red Cross as the bringing together of Red Cross nurses from different sections of the country during the meetings of the American Nurses Association.

In August, 1911, the President issued a proclamation relating to the Red Cross service. Its text follows:

> By the President of the United States.
>
> A Proclamation.
>
> WHEREAS, the American National Red Cross having been incorporated by an act of Congress, January 5, 1905, "To furnish volunteer aid to the sick and wounded of armies in time of war, in accordance with the spirit and conditions of . . . the Treaty of Geneva of August 22, 1864," and
>
> WHEREAS, it is desirable definitely to state the relations that shall exist between the American National Red Cross and the Military departments of the government in event of war:
>
> NOW, THEREFORE, I, WILLIAM H. TAFT, President of the United States, by virtue of the authority in me vested, do hereby declare and proclaim—
>
> 1. That the American National Red Cross is the only volunteer society now authorized by this government to render aid to its land and naval forces in time of war.
>
> 2. That any other society desiring to render similar assistance can do so only through the American National Red Cross.
>
> 3. That to comply with the requirements of Article 10 of the International Red Cross Convention of 1906 (revision of the Treaty of Geneva), that part of the American National Red Cross rendering aid to the land and naval forces will constitute a part of the sanitary services thereof.

4. That if it should be desirable in time of war, or when war is imminent, for the War Department or the Navy Department to make use of the services of the American National Red Cross, the Secretary of such Department is authorized to communicate with the President of the Society, specifying the character of the services required, and designating the place or places where the personnel and material will be assembled.

5. That when any member of the American National Red Cross reports for duty with the land or naval forces of the United States, pursuant to a proper call, he will thereafter be subject to military laws and regulations as provided in Article 10, of the International Red Cross Convention of 1906, and will be provided with the necessary brassard and certificate of identity.

6. That except in cases of great emergency the personnel of the American National Red Cross will not be assigned to duty at the front, but will be confined to hospitals in the home country, at the base of operations, on hospital ships and along lines of communication of the military and naval forces of the United States.

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of the United States to be affixed.

Done at the City of Washington, this twenty-second day of August, A. D. one thousand nine hundred and eleven, and of the Independence of the United States of America, the one hundred (Seal) and thirty-sixth.

WM. H. TAFT.[25]

Miss Delano's notes in October return to the educational outlook:

> It is with much gratification that we announce the formation of Red Cross Committees in all states having a State Nurses' Association with the exception of Idaho, Oklahoma, South Carolina and Wyoming. It is hoped that before the next month's issue of the *Journal* we may welcome these states to our National Branch of this world-wide work for humanity. . . .
>
> This makes in all 31 State Committees, while our Local Committees, with the addition of such State Committees as are acting as Local Committees, number 75. . . .
>
> It was decided that only those nurses should be eligible for enrollment who are graduates of training schools connected with general hospitals of at least fifty beds, unless the applicant has had subsequent hospital experience or post-graduate

[25] War Department, General Orders No. 170, December 27, 1911.

work. Graduates of training schools connected with hospitals for the insane must have had at least six months training in a general hospital. . . .

A special committee was provided for, to outline a course of lectures for enrolled Red Cross Nurses. Mary E. Gladwin, superintendent of the City Hospital, Cleveland, Ohio, was made chairman of this committee, with the privilege of selecting her associates. . . .

Lectures for Red Cross Nurses

Object of Lectures

1. To keep alive the interest which already exists, and to bring to the attention of the young graduate the desirability and importance of being identified with the Red Cross Nursing Service.

2. To be a means of education and preparation for future work, either in time of peace or war.

3. To give enrolled nurses more knowledge of the history, aims and achievements of the Red Cross, a better understanding of relief problems in general, and of the modern humanitarian movements which so closely concern nurses.

4. To furnish a pleasant and useful pretext for bringing enrolled nurses together in localities where it is seldom possible to provide military or Red Cross speakers. To give to nurses in such places a community of interests which shall make them more valuable to the Red Cross.

5. To have these papers printed, but not published until after they have been well distributed and used. To furnish them to Local and State committees, part of whose duties it shall be to see that they are regularly and properly used.

Suggested Outline

I. History of Relief and the Red Cross.
   - (a) Before the Crimea.
   - (b) Florence Nightingale.
   - (c) Solferino and Henri Dunant.
   - (d) Modern Red Cross.

II. San Francisco Disaster.
   - (a) The Disaster.
   - (b) Immediate Relief.
   - (c) Rehabilitation and Reconstruction.

III. The Italian Earthquake.
   - (a) The Disaster.
   - (b) Relief Work—Road Making, Shoemaking, etc.

IV. Chinese Famine.
  (a) Description of Country and Cause of Famine.
  (b) Famine Camps—Material Used for Food.
  (c) Newspaper Criticism, i.e., Futility of Frequent Relief Unless Steps Are Taken Towards Prevention.
V. Spanish-American War.
VI. Military Hospitals.
VII. The Red Cross in Other Countries.
VIII. Notable Medical Achievements of U. S. A.
IX. Forest Fires, Mine Disasters.
X. Relief Work for Celebrations and Parades.[26]

The full committee on the lecture course were: Mary E. Gladwin, Mabel T. Boardman, Major Lynch, Ernest P. Bicknell and Miss Delano, ex-officio.

Important details of perfected organization were referred to by Miss Delano in her report of 1912:

> At the last meeting of the National Committee, held in Washington, December 4, 1911, it was decided that every nurse enrolled for service under the Red Cross must be a member of an organization affiliated with the American Nurses' Association.
>
> Believing that in order to do effective work, there must be coördination of the various Red Cross activities, it was suggested by the National Committee that there should be appointed on the Red Cross relief committee of each institutional member an enrolled Red Cross nurse to represent the nursing service.

In the notes of April, 1912, there comes the anticipation of the beautiful building in which the Red Cross is now housed:

> Mention was made in the November *Journal* of the proposal to erect in the city of Washington a national monument to the memory of the brave women of the Civil War. At that time no suggestions had been offered as to the form which this memorial should take, but it seemed a gracious tribute to the work of women many of whom had served as nurses during the four years of war. It is now proposed that the monument to be erected shall take the form of a building to be given as headquarters to the American Red Cross in perpetuity. It seems most appropriate that the humanitarian work of the American Red Cross in all the years to come

[26] Journal Department, October, 1911.

> should be carried on in a building commemorating the zeal and devotion of the patriotic women who inaugurated the Sanitary Commission, raising millions for relief work and who braved the dangers and discomforts of fever stricken camp or crowded ward to lessen the suffering of the sick and wounded.
>
> Can we wonder that a memorial to them has appealed to the public conscience and finds favor with all who shared in the sorrow and anxiety of those years?

In the summer of 1912 the Ninth International Red Cross conference was held in Washington,—the first outside of Europe. The sessions were held in the Pan-American Building. The Secretary of State selected four nurses as official delegates. These were: Misses Maxwell, Nevins, McIsaac and Delano. The Red Cross Nursing Service committees were also represented, for there were present Mrs. Gretter of Michigan; Miss Giberson of Pennsylvania; Mrs. Tupman of Georgia; Miss Robinson of Illinois; Miss Stuff of Nebraska; Miss Rommell of Minnesota; Misses Black and Fletcher of Virginia; Misses Gladwin and Echols of Ohio; Miss Wilkinson of Connecticut and Miss Perry of North Carolina.

At that meeting the memorial to Miss Nightingale was agreed upon of which Miss Delano wrote in her August notes:

> The Red Cross societies of the world agreed to raise a fund to be known as the Florence Nightingale Foundation. A special committee was appointed to make recommendations concerning this fund with Sir John Furley of the St. John's Ambulance Association as chairman. Miss Boardman and Miss Delano were asked to serve on this committee. It was agreed that a medal, accompanied by a certificate on vellum, to be called the Florence Nightingale Medal, should be instituted and that six such medals, to be increased to the number of twelve in the event of a great war, should be available annually; that they should be granted only to trained nurses who may have especially distinguished themselves by great and exceptional devotion to the sick and wounded in peace or war. No country may propose more than one candidate for this medal annually. The final award is made by the International Red Cross Committee at Geneva. The awarding of these medals to nurses will be akin to the bestowal of the Victoria Cross to British soldiers for "bravery in action" and will be the highest honor which can be paid to any nurse. A most fitting memorial to one "who rescued

> from obscurity and shame a noble profession," may this Nightingale Medal prove ever an incentive to higher and higher standards of duty among us.

At that time Miss Delano did not enlarge upon the discussion held over the Florence Nightingale Medal, but later (1918) she told something of her part in it, and as it illustrates very interestingly her tact in meeting the foreign viewpoint in nursing, we include here her subsequent narrative of the difficulty of limiting a Nightingale Medal to a nurse trained on the Nightingale system:

> I was placed on a committee to decide as to the awarding of the Nightingale medal for service in time of war; and I assure you it was no easy task for me to convince the other members of the committee—(I believe I was the only member representing this country, but at any rate I was the only one that spoke for nurses alone)—first that it should be given only for the actual care of the sick and wounded; and second, that it should only be awarded to women who could qualify as graduate nurses. We were in session for part of two days before I convinced them that I was right that this medal, the Florence Nightingale Medal, should be given to graduate nurses for service in the actual care of the sick and wounded. That eliminated absolutely from any possibility of securing this medal women who were engaged in organization work in any of the countries of the world. It eliminated any woman who might contribute large funds to the organization of the nursing service in the time of war. It pinned the award of that medal down absolutely to a graduate nurse. At that time we could only suggest one and I suggested Mary E. Gladwin, and I hope that eventually she will receive the Florence Nightingale medal.[27]

Miss Delano's effort in thus restricting the medal was heartily seconded by Miss Boardman, who was fully in accord with her view.

At the annual meeting of 1912 Miss Delano, who had been a member of the War Relief Board since the organization of the nursing service, was appointed also a member of the National Relief Board. The first intimation of an approaching war threat is given in the committee reports of that meeting. Miss Delano's notes contain the following suggestive paragraph:

[27] Proceedings National League for Nursing Education, 1918, page 161.

> At its annual meeting in 1912 the American Medical Association authorized the appointment of a committee whose duty it should be to confer with the American Red Cross with a view to establishing a comprehensive system of coöperation between the Red Cross and the physicians of the United States. This coöperation is expected to be effective in providing prompt and adequate medical and surgical attendance on the occurrence of great disasters and also to afford a reserve upon which the Red Cross may draw for a medical personnel in the event of war. It is probable that a system of enrollment will be adopted which will eventually build up a large force of Red Cross physicians representing every section of the country. The committee representing the American Medical Association in this matter consists of Dr. George M. Kober, Washington, D. C., chairman; Colonel F. A. Winter, of the Army Medical Corps, and Surgeon E. M. Blackwell of the Navy.

The *American Journal of Nursing* in February, 1912, made this commentary on the situation indicated in the sentences just quoted:

> No department made a better showing of work done during the year than that of nursing service as presented by Miss Delano. The medical department of the Red Cross is much less well organized, although the American Medical Association has now taken the matter in hand and working through a committee will enroll a corps of physicians for Red Cross service and to act as an army reserve in time of war.

In April, 1913, there recurs in Miss Delano's notes the intimation of impending war. She wrote:

> A special committee has recently been appointed [of which Miss Delano was a member] to formulate plans for the organization of a Red Cross personnel to be called upon for service, either in time of disaster or with the military forces in the event of war. . . . It is proposed as an experiment to organize at various selected points hospital columns made up of the following: One director, three assistant directors, who shall be physicians, six chief nurses and forty-five nurses. It is intended that these physicians and nurses shall be brought together for special instruction in the duties which would be required of them when called upon for service under the Red Cross.
>
> It has been estimated that in the event of war with a first class power nearly half a million volunteer troops would be

needed at once and four thousand nurses for the Army alone, with an additional thousand nurses for the Navy. It is impossible to estimate the future demands but with our experienced committees of nurses and the ever increasing enrollment we feel sure there would be no failure on the part of the Nursing Service of the Red Cross.

From this time on there were changes preparatory to war service. The National Committee on Nursing Service had some of these changes. Miss Delano's notes say:

> Owing to his transfer to the Philippines, Major Charles Lynch, Medical Corps, U. S. A., has resigned from this committee and in his place Major R. U. Patterson, Medical Corps, U. S. A., has been appointed. Miss Georgia Nevins, who had served on the committee since its creation has also resigned and Mrs. Lena S. Higbee, superintendent of the Navy Nurse Corps, has been appointed by the War Relief Board as her successor. Miss Julia C. Stimson and Miss Mary E. Gladwin have also been appointed to fill vacancies on the committee. The full committee is as follows:
>
> Miss Jane A. Delano, Chairman.
> Miss Mabel T. Boardman,
> Mrs. William K. Draper,
> Maj. R. U. Patterson,
> Dr. T. W. Richards,
> Dr. Wm. H. Welch,
> Mrs. Frederick Tice,
> Miss Emma M. Nichols,
> Miss Alma E. Wrigley,
> Mrs. Whitelaw Reid,
> Miss Anna Maxwell,
> Miss Isabel McIsaac,
> Mrs. Lenah Higbee,
> Miss Mary E. Gladwin,
> Miss Julia S. Stimson.
>
> As the enrolled Red Cross nurses form the reserve of the Army,[28] the Surgeon General of the Army has detailed a member of the Army Nurse Corps, Miss Anna Reeves, to assist in the record work of the Red Cross office. This will add to the efficiency of the service and give the chairman more time for constructive work.
>
> There has been a satisfactory increase in the number of enrollments, and even more discrimination and careful selection of nurses on the part of the Local Committees. We now have over 4,200 enrolled Red Cross nurses, and have Local

[28] Though in practice this had been accepted for a long time the order making the Red Cross enrolled nurses the Reserve Corps of the Army Nursing Service was only promulgated in 1916 and reads: "The enrolled nurses of the American Red Cross Nursing Service will constitute the Reserve of the Army Nurse Corps, and in time of war or other emergency may, with their own consent, be assigned to active duty in the military establishment." Manual for Medical Department, U. S. Army, 1916.

Committees in practically all of the large nursing centers in the United States.

The committees appointed primarily for the enrollment of nurses have responded with enthusiasm to all demands made upon them. In organizing our rural nursing service, we have sought their advice and assistance. In the development of our classes of instruction for women we shall rely upon them to suggest instructors and examiners from among the Red Cross nurses.[29]

Early in 1914 Miss Delano reported:

Late in April the National Committee on Red Cross Nursing Service was instructed by the War Relief Board to communicate with all Local Committees asking for a list of nurses available should it be necessary to call on our Red Cross personnel for service in Mexico. The response was so prompt and enthusiastic that we felt secure in urging all nurses not to begin preparations for service or give up their present positions unless definite instructions were received. It seemed wise, however, to have a small group of Red Cross nurses ready, and a few Local Committees in nearby cities were asked to prepare eligible lists. These nurses were then requested to present themselves for physical examination, antityphoid treatment and vaccination for smallpox.

On May 9, a call came from the Surgeon General of the United States Army for three Red Cross nurses to go to Vera Cruz, and the following Washington nurses were selected from among those on the available list: Kathrine Donnelly, Lulu T. Floyd, Nannie B. Hardy and Alice B. Harvey. These nurses reported at once to Red Cross Headquarters, and in a few hours all necessary preparations for their departure had been made. They left Washington on Sunday afternoon, May 10, in charge of Miss Elizabeth Reed, a member of the Army Nurse Corps, who has been assigned as chief nurse for Vera Cruz.

A circular of information giving definite instructions concerning uniforms and equipment has been prepared in the hope that our nurses may avoid the common mistake of carrying useless luggage and leaving at home the things most needed. A special field uniform of blue-gray had been adopted, of such material and style as to launder easily and pack in small space, the cap, collar and apron of which can be laundered without starch; while most suitable for service in a warm country the uniform is still neat and attractive.[30]

[29] Reports, National Committee on Nursing Service, December, 1913.
[30] *American Red Cross Magazine*, July, 1914.

This note of July, 1914, recapitulated what seemed later to have been a game of child's play, faintly foreshadowing the terror about to descend on the world.

In this section of this history no attempt will be made to do more than compile in very brief form the share of the Nursing Service in those instances where nursing was required to supplement the general work of relief.

The San Francisco fire, following the earthquake, brought out nurses as volunteers. Affiliation had not taken place, but there was a local Red Cross society, with a committee on nurses. The chairman of that committee, Mrs. L. L. Dunbar, wrote:

> There was no further need of the Red Cross Society in San Francisco until 1906. In 1905 when Congress made the society national, an organization was effected in San Francisco with Judge Morrow as president. There seemed no hurry and Judge Morrow was a busy man and no committees were appointed until April 17, 1906, when a meeting was called, and Judge Morrow appointed the committees on nurses and physicians. Then the very next day came the earthquake and fire. I had been appointed chairman of the committee on nurses, but I was out of the city at the time and could not get back into it for a week. Meanwhile our nurses had responded to the need, and though without organization had done much. As soon as I was able to get back to the city and some organization could be effected, conditions greatly improved.[31]

The call to send nurses to the scenes of the Mississippi floods (April 1908) has been mentioned as the first such demand that was made on the Washington Headquarters after the interest of nurses in the Red Cross had led them to join local and state Red Cross societies in fairly large numbers. Eighteen nurses were sent from New York, Pennsylvania, and District of Columbia Branches of the Red Cross, and emergency hospitals were established. The work centered in Hattiesburg, Mississippi. Half an hour after the wire came to Philadelphia, asking for nurses, the nurses were on their way. The character of the service rendered is shown in the report of the New York Branch, from which the following brief portion of the narrative as told by the nurse in charge is taken:

[31] *Red Cross Magazine*, January, 1908.

We arrived in Hattiesburg, May 17.

Previous to the coming of the Red Cross nurses the local relief committees had sent to New Orleans for six Charity Hospital graduates and were paying them at the rate of $25 per week for relief work in the two hospitals. Three of these nurses were discharged soon after the arrival of the first detachment of Red Cross nurses, and the remaining three after our arrival. Three of our nurses were assigned to night duty, two to day duty, and I was to act with Major Simpson and Captain Ashford in coördinating the food, medical supplies and repairs, also clothes, equipment and the names of discharged patients who were entitled to transportation, etc. . . . My duty was to go each morning to the hospitals, army tents and Red Cross relief stations; and collect and inspect all requisitions, when needful make suggestions and eliminate all requisitions not provided in the list of medical and commissary supplies provided by the Relief Expedition. These requisitions were then taken by me to the official offices to be approved and signed, then to the storehouse to be filled and delivered. All complaints from either superintendents, patients or head nurses regarding supplies, etc., were furnished me in written signed complaints, to be adjusted by the officials in whose department they were. As the buildings were from one-quarter to one-half mile apart and as I went mostly on foot, my first week was a pretty busy one, until I had learned to systematize my work.

May 29, 1908. (signed) GENOVEVA PETTIT.[32]

The Dallas floods occurring in the summer of 1908 created conditions that called for nurses. The service was supplied entirely by the Texas Red Cross State Nursing Committee. Its president, Mary Sherman Allen, wrote of the experience that she and her staff had there:

As many people in the larger camps were sick, from exposure and the terrible experience they had passed through, some being days in tree-tops before rescued, it was thought advisable to establish emergency hospitals in Camp Hay and Camp Ferris. We, therefore, issued a call for nurses and nearly all of our enrolled nurses responded to the call, and

[32] The American National Red Cross Society, at its meeting held last November, decorated Elizabeth M. Hewitt and J. Beatrice Bowman, both of the Nurse Corps, United States Navy, with a service bar for volunteer work done under the Red Cross at Hattiesburg, Miss., after the cyclone of last spring. The bar is of bronze and on its face are the words, Hattiesburg, 1908." *American Journal of Nursing*, September, 1908.

immediately we established a large field emergency hospital, fully equipped with drugs, sanitary dressings, cots for the sick and all appliances to care for those that needed the attention of the Red Cross. Doctors Stoval, Furgeson, Black and Davis had charge of the medical department; Miss Mary Ennisson, charge of the hospital work, and the Misses Annie Swinsky and Adrian Palm, trained Red Cross nurses, charge of nurses' department. Our Emergency Hospital stood at the head of a broad avenue of tents. The camp presented a beautiful picture and the United States flags and Red Cross flags floating above our hospital tents could be seen for miles around. Sanitary conditions and perfect order were maintained during the entire time. Our doctors and nurses were kept busy caring for cases of fever and other diseases caused by exposure.

Our doctors and nurses cared for many cases of destitution and sickness in both camps, as well as in all parts of the city where needed, and it has been the universal expression that the prompt, efficient and systematized work of the Red Cross did much in preventing an epidemic of fever.[33]

No nurses were sent from America by our Red Cross at the time of the earthquake in Sicily (1908), but three or four American nurses were in Italy at that time and volunteered their services. It is interesting to know that one of these was Alice Fitzgerald, a Johns Hopkins nurse, whose later important position as chief nurse of the commission to France and still later as director of the nursing Service of the League of Red Cross Societies, will be fully told in another chapter.

When a building collapsed in Philadelphia, July, 1909, a single Red Cross nurse, Margaret B. Simon, was the heroine of this accident, and for her work she was commended by personal letters from the Mayor of Philadelphia, and from the (then) President Taft.

At the time of the Cherry Mine disaster, nurses, though ready, were not sent by the Washington office, as the Visiting Nurses' Association of Chicago had enough of its staff to fill the required service.

During the Mexican border disturbances in 1911, the Central Office of the Nursing Service at Washington responded promptly, twice, to calls for nursing aid, once for Douglas, Arizona, and next from El Paso, Texas. In the former case the expected necessity did not arise, and in the latter, two Ameri-

[33] *American Journal of Nursing*, October, 1908.

can Red Cross nurses began to organize work, which was then taken over by the Mexican Red Cross.

When the Austin Dam broke in 1911, the Red Cross Service stood ready to provide nurses, but they were not needed, as the State of Pennsylvania provided physicians and nurses.

In the floods of early summer, 1912, Mississippi and Louisiana being the chief sufferers, the Red Cross Nursing Service organized relief for the sickness which resulted from the floods and the hot weather. A staff of nurses was mustered by the Kansas City Local Committee on Red Cross Nursing Service at the request of the Washington office, to be sent to Mississippi, leaving New Orleans nurses to supply Louisiana. Camps were formed for the refugees and the nurses were stationed in these. Thirteen nurses were assigned to duty. Miss Delano wrote:[34]

> In each case the response to our call was prompt. Too much cannot be said in praise of the splendid spirit shown by the nurses.

The Omaha cyclone occurred in March, 1913. In the *American Red Cross Magazine* for July, 1913, Miss Delano wrote:

> Soon after the April number of the *Red Cross Magazine* went into print we were called upon to face a series of disasters such as this country had never before experienced. The efficiency and preparedness of the Nursing Service of the Red Cross were well tested and the nurses were found ready to meet all the demands made upon them.
>
> As soon as the news of the Omaha disaster was received in Washington communication was established, through the courtesy of the United Press, with Miss Lillian B. Stuff, Acting Chairman of the Nebraska Committee on Red Cross Nursing Service, and authority was given her to call out Red Cross nurses and to organize such relief as lay in her power. An emergency hospital of one hundred and fifty beds was established in a local gymnasium where they cared for the injured and homeless.
>
> Miss Stuff, in her report, says, "We did not wait for calls to come to us, but made a house to house canvass as many were huddled together among neighbors without proper clothing in which to appear to ask for aid. Nor did we confine our efforts entirely to nursing, but gave whatever help was needed."

[34] *American Journal of Nursing*, September, 1912.

A hospital of one hundred fifty beds was established and eight Red Cross nurses were continued in service there for some weeks after the disaster.

Two days after the Omaha cyclone, vague rumors came to us over press wires of the Dayton horror. Telegram after telegram was sent to our Local Committees on Nursing Service and on March 26 a message came through from Cincinnati concerning the assignment of their own nurses to duty and asking that one hundred additional nurses be sent to them at once from adjoining cities.

The chairman of the National Committee on Red Cross Nursing Service and ten Red Cross nurses left Washington with Miss Boardman on Friday, March 28, at midnight on a special relief train sent out by the Washington *Post*. This train reached Cincinnati Sunday morning and found the most perfect coöperation between the Local Chapter, nursing committees and various relief agencies.[35]

In her Annual Report, Miss Delano said:

During the first forty-eight hours following the Ohio flood, which occurred March 25, seventy-seven nurses were assigned to duty by the Cincinnati Local Committee, and in response to telegrams sent from Washington one hundred and thirty-six nurses from other cities reached the flooded area during the next forty-eight hours. These nurses were sent from Chicago, St. Louis, Detroit, Ann Arbor, Cleveland, and Akron, while ten went from Washington and Baltimore on the "Post Special" with the chairman of the National Committee. Red Cross nurses were assigned to the following cities in the flooded area:

Columbus, Dayton, Hamilton, Middleton, West Carrolton, Portsmouth, Miamisburg, Glendale, Peru, Shawneetown, Catletsburg, Maysville, Point Pleasant.

The number of nurses assigned to duty at any one place and the length of service depended upon local conditions.

We were fortunate in having an active Red Cross Chapter in Cincinnati coöperating with the Local Committee on Nursing Service, and through the prompt action of Miss Annie Laws, secretary of the Chapter, Miss Greenwood, chairman of the nursing committee, and Miss Reinecke, Red Cross nurse in charge of headquarters, nurses were sent to the stricken communities before organized relief could be undertaken. Detailed reports of the work done by our nurses under the supervision of Miss Mary E. Gladwin, chairman of the Ohio

[35] *Red Cross Magazine*, July, 1913.

State Committee, and in charge of the nursing relief in Dayton; Miss Ella Phillips Crandall, of Teachers College, New York, responsible for about fifty nurses doing sanitary inspection work under the direction of Major T. L. Rhoads, Medical Corps, United States Army; Miss Mary C. Wheeler, superintendent of Illinois Training School for Nurses, Chicago; Miss Emily McLaughlin, superintendent, Harper Hospital, Detroit; Miss Julia C. Stimson, in charge of social service work in St. Louis, Mo., Miss Jennie L. Tuttle, superintendent, Visiting Nurse Association, Columbus; Miss Mary B. Wilson, and Miss Abbie Roberts, of Cincinnati, have already appeared in the *Red Cross Magazine*. These nurses and many others were relieved from responsible positions, and in some instances substitutes were employed in order that they might meet their obligations as enrolled Red Cross nurses.

In describing the work of the Red Cross nurses in Dayton, Miss Gladwin wrote:

> They may be found serenely picking their way around wrecked furniture, sodden mattresses, ruins of porches and sheds; wearing rubber boots, with skirts kilted high, wet nearly to the waist; sending sick people to the hospitals, inspecting plumbing, back yards and cellars; superintending all sorts of work from feeding the baby to the digging of trenches. Through all parts of the flooded city nurses go on similar errands, inspecting nearly nine thousand homes and reporting conditions found.
>
> Through the activity of Mrs. H. C. Lounsbury, chairman of the West Virginia State Committee on Red Cross Nursing Service, most efficient relief was rendered at Point Pleasant, West Virginia. Mrs. Lounsbury and two other Red Cross nurses "went down the river on a boat loaded with supplies furnished by the citizens of Charleston and the neighboring towns." They found little sickness at Point Pleasant, and devoted their efforts chiefly to the distribution of clothing and supplies and the establishing and maintaining of sanitary conditions.[36]

The nurses were on duty for four weeks, and it is recorded that in Dayton alone they cared for over two thousand cases of illness or accident. This was the severest test yet given to the Red Cross Nursing Service, and the way in which it was met

[36] Report of the National Committee on Red Cross Nursing Service, 1913.

was justifiably regarded as a triumphant proof that organization was now in perfect running order.[37]

When a terribly destructive fire in Salem made thousands of people homeless the Boston Local Committee on Red Cross Nursing Service took charge of nursing relief. Stations were appointed and Red Cross nurses assigned to each. A Maternity Hospital with a Milk and Baby Hygiene Station was organized and a Contagious Hospital established. The work of the nurses was largely preventive and was well and thoroughly done.

The *Eastland* disaster which occurred in 1915, was reported as follows:

> On July 24 one of the large excursion steamers, which had been chartered by the employees of the Western Electric Company, overturned just before the boat was ready to leave the dock. There were about twenty-five hundred people on board and of this number over nine hundred lost their lives. The accident occurred about seven o'clock in the morning. The chairman of the Local Committee on Red Cross Nursing Service, Miss Minnie Ahrens, heard of the catastrophe on the way to her office and started at once with another nurse for the scene of disaster. She telephoned immediately for additional nurses, not only to headquarters of the enrolled Red Cross nurses, but to the registrar of the Central Directory and all Public Health Nursing organizations. Nurses responded quickly and reported on arrival to the chairman of the Committee for instructions. By one o'clock at least one hundred nurses were on duty. They worked in the pouring rain wherever the rescued were carried, and many taken from the water before nine o'clock were resuscitated. About noon shelter was provided in the Reed Murdock Wholesale Grocery Building, and artificial respiration, hot applications and other emergency treatments were continued as long as there was the slightest hope. When nothing more could be done for the injured, a morgue was established at the Second Regiment Armory where relatives could identify their dead. Five Red Cross nurses were assigned to duty in an emergency hospital at the morgue to give such care and comfort as might be possible to those who were bereaved. This emergency hospital was continued with relays of Red Cross nurses until

[37] See also articles on the Dayton Disaster in the *American Journal of Nursing*, 1913. The Red Cross in Dayton, by Mary E. Gladwin. The Work of the Cincinnati Local Red Cross Nursing Service Committee, by Mary H. Greenwood. Report sent to Miss Delano by Ella Phillips Crandall, etc.

> Wednesday, July 28, all serving gratuitously. In closing her report Miss Ahrens, who had charge of the work and who rendered most efficient service, said: "It is at such a time that we realize and appreciate the value of our Red Cross Nursing Service. Without organization it would have been impossible to have had such coöperation.[38]

The year 1917 had a number of calls for nurses in times of disaster; six were called to New Castle in Indiana; nineteen to New Albany, Indiana; four to Chester, Pennsylvania; eight to Atlanta, Georgia; thirty-four to two Illinois towns; five to Hickman, Kentucky; three to a Missouri town; one to Springport, Michigan; five to East St. Louis; one to Clay, Kentucky. The crowning disaster of 1917 was the explosion at Halifax, Nova Scotia.

The terrible calamity resulting from the explosion of war munitions in the harbor of Halifax, on the 6th of December, 1917, will long be remembered. Amidst the many forms of relief and succor called for by the unparalleled destructiveness of the disaster, nursing aid was needed. From this country a number of nurses were recruited in desperate haste by Red Cross committees and hospital authorities of the New England states, as being the nearest to the scene.

The Providence Local Committee on Red Cross Nursing Service sent fifty nurses in charge of Grace L. McIntyre, Chief Nurse; various hospitals sent physicians and nurses; the Committee of National Defense and the Public Safety Committee formed units of physicians who chose their own nurses, and thus the New England Division Headquarters of the Red Cross was not called upon to supply nurses.

Miss Delano was kept informed of the movements of nurses and on December 17 wrote to Elizabeth F. Sherman, of Providence, who had been prominent in collecting Miss McIntyre's staff:

> December 17, 1917.
>
> May I thank you for your very satisfactory report of the Halifax activities. It is our desire that Red Cross Committees shall coöperate in every way possible in relief work of this kind without waiting for orders from Headquarters, as the important thing in disaster relief is to meet the need

[38] Annual Report of the Committee on Red Cross Nursing Service, 1915. See also the Red Cross, by Minnie Ahrens, *American Journal of Nursing*, October, 1915.

as quickly as possible. I am more than glad that you were able to secure the nurses, and appreciate greatly your untiring efforts in the matter.

In this brief summary of special emergency nursing episodes there has been no attempt made to cover purely local, isolated instances where Red Cross nurses have come forward. Nor can the numerous list be included of such preparations for nursing care as were made, for instance, at the time of the Veterans' Reunion at Gettysburg, and similar reunions; still less the long list of such occasions as might be covered by the term "Dress Parade." For events of this kind the report of a typical year will give sufficient idea, as follows:

ANNUAL REPORT, 1917.

Relief Activities.

The following relief activities have been conducted during the past year by our Local Committees:

Date	Town or City	Occasion of Service	Red Cross Nurses on Duty
January 1	Pasadena, Calif.	Tournament of Roses	2
March 4	Washington, D. C.	Inauguration	19
March 5-10	Cleveland, Ohio	Central Armory Celebration	10
" 12	New Castle, Ind.	Cyclone Disaster	6
			10 from Indiana
" 23	New Albany	Tornado Disaster	5 " Cincinnati
			4 " Kentucky
April 10	Chester, Penna.	Eddystone Disaster	4
" 16 to May 26	Washington, D. C.	Encampment, Navy League	9
May 21	Atlanta, Ga.	Fire Disaster	8
			8 " Bloomington, Ill.
" 25	Charleston, Ill.	Cyclone Disaster	4 " Jacksonville
	Mattoon, Ill.	Cyclone Disaster	6 " Peoria, Ill.
			15 " Chicago, Ill.
			1 " Ft. Wayne, Ind.
" 29	Hickman, Kentucky	Cyclone Disaster	5
" 10	Brooklyn, N. Y.	Unveiling Lafayette Statue by General Joffre	4

Date	Town or City	Occasion of Service	Red Cross Nurses on Duty
May 30	Bridgeport, Conn.	Memorial Day Exercises	8
" 31 to June 30	Mineral Point, Mo.	Tornado Disaster	3
June 2-9	Washington, D. C.	Confederate Reunion	20
" 9	Springport, Mich.	Tornado Disaster	1
" 17-22	Atlanta, Ga.	Rotary Convention	4
" 3-6	East St. Louis, Ill.	Race Riots	5
July 4	Phelps, N. Y.	Military Maneuvers	3
" 4	Newport, R. I.	Parade	1
" 28 to Sept. 3	Bridgeport, Conn.	"Lordship Park"	1
August 4	Clay, Kentucky	Mine Disaster	1
	Albany, N. Y.	State Federation of Women's Clubs	9
September 10	Grand Rapids, Mich.	Union Depot for troops passing through	2

CHAPTER IV

THE MERCY SHIP

The S. S. "Red Cross" Sails—Paignton, England—Pau, France—Kief, Russia—Gleiwitz, Germany—Kosel, Germany—Vienna, Austria—Budapest, Hungary—Belgrade, Serbia—Gevgeli, Serbia—Yvetot, France—La Panne, Belgium—American National Red Cross Headquarters—Close of the Early Foreign Relief Program.

A WHITE ship banded with scarlet, with a Red Cross flaming on her funnels, weighed anchor in the sunlit waters of the Hudson River and with the bells and whistles of ferries and tug-boats, the salute of liners and the throaty roar of men-o'-war to voice the God-speed of a nation, steamed out to the gray Atlantic, bound on a rare mission to warring Europe. The day was September 12, 1914.

Against the lower rail of this good ship, the *Red Cross,* was banked a line of women, who watched Manhattan fade away and knew not what horror of war might be theirs before they saw that broken sky-line again. The white caps, the gray uniforms, the line of scarlet as the fresh sea wind blew back the active service capes, proclaimed their identity. The Red Cross Nursing Service, conceived in the suffering of the Civil and Spanish-American wars, brought into being by the affiliation of the American Nurses' Association and the American Red Cross, nurtured and developed through five years of intensive organization by Miss Delano and the National Committee, faced the most formidable test of its hitherto dormant powers. With its present resources untried, its potential strength unguessed, it was shouldering its first burden of neutral humanitarian service to the Allied and Central Powers.

At a joint meeting of the International and War Relief Boards held on August 5, 1914, the American Red Cross voted to charter a ship to carry trained personnel and hospital

supplies to the countries involved in the European War. The story of the immediate consequences of this action was told by Miss Boardman in the *Red Cross Magazine* of October, 1914:

> A committee consisting of Mr. Bernard N. Baker, of Baltimore; Surgeon General William C. Gorgas, U. S. A.; Surgeon General William C. Braisted, U. S. N.; and Chief Constructor Richard M. Watt, U. S. N., was appointed to secure a suitable ship. No American vessel was available, but two ships were most generously offered free of charge by the Hamburg-American Line and by the Austro-American Line. The committee inspected both ships and finally selected the *Hamburg,* of the former company, as best suited to the purpose.
>
> By special Act of Congress [then in session], the ship flies the American and Red Cross flags, has a temporary American registry and has changed her name to that of the *Red Cross,* sailing from New York. According to the colors designated for such a ship by the treaty of The Hague, she was painted white with a broad red band.
>
> Major Robert U. Patterson, Medical Corps, U. S. A., Chief of the Red Cross Medical Bureau, soon secured his corps of surgeons. Miss Delano, chairman of the National Committee on Red Cross Nursing Service, through the coöperation of her Local Committees, selected from among volunteers from our five thousand Red Cross trained nurses, those best fitted for this special service. [Miss Helen Scott Hay was general superintendent of nurses of the *Red Cross Ship.*]
>
> Admiral Aaron Ward, U. S. N., retired, who was in Europe, accepted by cable the request that he take charge of the expedition, joining the ship in England. Admiral Blue, of the Navy, lent his aid to secure the rest of the officers. Captain Armistead Rust took command of the ship and with him are associated other retired officers, Commander E. H. Delany, U. S. N., as chief engineer; Commander J. S. Doddridge, U. S. N., and Lieutenant Gilford Darst, U. S. N.; Mr. Richard D. L. Mohun is the paymaster. Captain Jarka, superintendent of this line, gave invaluable service in the coaling and provisioning of the ship. The painters hung along her sides and busily plied their brushes the moment the coaling was over.

The S. S. *Red Cross* was loaded from warehouses in Brooklyn, the use of which were donated by Mr. Irving Bush. Colonel S. L. D. Slocum, U. S. A., retired, was in command of the loading of hospital and other supplies. Four hundred thou-

sand pounds of cotton, two hundred and fifty thousand meters of gauze, fifteen thousand pounds of bandages, thirty gallons of iodine, two thousand cans of ether, rubber gloves, vaseline, cocoa, tobacco and other comforts and necessities for the care of the sick, filled the hold of the liner. Because of this cargo and because of her passengers, the *Red Cross* received the name of the "Mercy Ship" from the friendly press.

The professional personnel of this relief expedition was made up of ten units, each composed of twelve nurses and three surgeons. Units A and B were assigned to Pau, France; D and F to Paignton, England; C and H to Kief, Russia; G and I to Germany; K to Austria and E to Budapest, Hungary. A Serbian unit, of which Dr. Edward W. Ryan was director and Mary E. Gladwin, chief nurse, had proceeded five days before the sailing of the Mercy Ship on the merchant liner *Ioannina* bound for the Mediterranean and Nish.

The superintendent of nurses of the S. S. *Red Cross* was Helen Scott Hay. The assignment to the Mercy Ship which brings her for the first time into this history was in keeping with her subsequently romantic and brilliant career in Red Cross service. She was graduated from Northwestern Academy in 1889 and received her B.L. degree from Northwestern University four years later. Further theoretical phases of her broad education were completed in 1900 at the University of Chicago. She had entered the Illinois Training School for Nurses in 1893 and following her graduation became associated in executive capacities of varying types with the Southwestern Iowa Hospital for the Insane at Clarinda, Iowa, and with private sanatoria in Los Angeles, California. She was superintendent of nurses at the County Institute for the Insane and Indigent at Chicago and later superintendent of the hospital and training school of the Pasadena Hospital, Pasadena, California. Private duty nursing claimed her attention at intermittent periods. An interesting break in her professional career is marked by a year as principal of the Savannah High School, her native village in Illinois. She became superintendent of nurses of her alma mater, the Illinois Training School, in 1906 and remained there until 1912. After eighteen months spent in travel, she undertook the organization of the West Suburban Hospital and School for Nurses at Oak Park, Illinois, and remained there six months, resigning to accept her first Red Cross service.

Miss Hay's early war service was closely interwoven with a project of nursing education which first linked the American Red Cross with the development of foreign nursing. Before the declaration of war, Queen Eleanora of Bulgaria had appealed to National Headquarters for advice and assistance in establishing a training school for nurses in Sofia in accordance with American standards. In the Red Cross Annual Report for 1914, Miss Delano stated this prospective plan of the keen-visioned Queen:

> She wished to secure an American superintendent to organize a training school and to send to America four Bulgarian young women of education and promise who could fulfill the requirements for admission to one of our best schools for nurses. These pupils were to enter the Presbyterian Hospital School for Nurses in New York City. Miss Helen Scott Hay was selected by the Red Cross to establish the school in Bulgaria. The Red Cross assumed the responsibility for her salary for three years and she was to have sailed for Bulgaria [August 4, 1914]. The declaration of war made it necessary to abandon our plans temporarily, rendering it possible, however, for us to assign Miss Hay to duty on the Red Cross Ship.

In organizing the nursing staffs of the ten units, Miss Delano and Miss Hay were guided in their assignments by the principle that graduates from the same school and section of the country would work advantageously together. An earnest spirit characterized these surgeons and nurses bound on their crusader's mission during that memorable September of 1914. In a leading editorial the *American Journal of Nursing* voiced the sentiment of the Red Cross: "Our nurses have been sent not to lead others or to show how Red Cross work should be done, but to supplement the existing relief work, to piece in where there is no one else to serve."

Individualism also gave way before the Red Cross ideal of neutrality. Although all the nurses were native-born citizens of the United States, many of their names were distinctly continental. After a first moment of astonishment, they agreed to follow the European custom and to be known only as "Sister Donna" or "Sister Charlotte," titles appropriate indeed when it is remembered that the old Sanskrit word for "sister" meant "comforter."

The one hundred and twenty-six nurses sailing on the Mercy

Ship had been assembled through the Local Committees of Manhattan, Boston, Brooklyn, Philadelphia, Baltimore, New Hampshire, New Jersey, Rochester, Buffalo, Detroit, Albany, Chicago, Kansas City, Cincinnati, Akron, Cleveland, Columbus, Connecticut and Washington, D. C. A diary written during the quiet days at sea, presented a vivid picture of this swift mobilization:

On board the S. S. *Red Cross,*
September 22, 1914.

Almost a month has passed since a telegram came from Miss Delano saying, "Report Wednesday in New York for Red Cross service in Europe." As I read over that telegram, a queer feeling come into my throat. Then with pencil and pad I was soon busy making out lists of necessary articles. Hurried shopping followed in the morning. Constant telephone calls from friends brought varied questions: "Why are you going?" "It won't be any fun!" "How I envy you the opportunity!" "Please send me postcards every week, won't you?" "I have a cousin in Germany—give her my love." "We have just finished a bushel basket of bandages for the Allies we want you to take over."

To have only forty-eight hours in which to adjust your affairs and to get your mind into a realization that all things of your former life are to cease and an entirely new and very real existence is to begin is no easy task. I can still hear my mother's "Yes, you should go," though the look in her eyes belied her words. My brother's "Be a good soldier, sis!" is all mixed up with "duffel bags" and "war zones" and the prescribed number of flannel night-gowns to be taken.

On Wednesday evening, September 2, nurses began to arrive in New York from all parts of the country. In view of the fact that many nurses were on their vacations, their mobilization within two days after their "travel orders" were received, was remarkably swift. They were entertained at the Central Club for Nurses, 54 East 34th Street. This was conveniently near the New York County Chapter, where they were equipped with the regulation uniform upon their arrival. Gray uniforms, white aprons, caps with a small Red Cross in front, soft collars, a navy blue cape lined with scarlet and with the Red Cross on the left side, a dark blue felt hat, a water-proof duffel bag of brown canvas closed with a bar and lock and conspicuously marked with a Red Cross encircled by the words, "American Red Cross," were given each nurse. The duffel bags, con-

taining three additional bags, one for shoes, one for laundry and one containing scissors, needles, cotton, buttons and a piece of the uniform material, were the only luggage allowed, except a suit case or hand bag. Gray sweaters were also furnished. Warm storm coats were later added to this equipment. An olive green blanket, with a Red Cross woven in the center was presented to each member of the expedition, to be used as a steamer robe or extra bed covering in the hard and unusual places of war where they soon might find themselves.

The pleasant hours on board the Mercy Ship was busily taken up with classes. The daily routine resembled more closely that of a training school than an ocean voyage. The nurses breakfasted at eight o'clock and spent the morning at lectures given by the surgeons on such subjects as First Aid, languages, contagious and infectious diseases, anatomy, anæsthetics, bandaging, the metric system, field surgery and allied subjects. At eleven-thirty, they exercised in the gymnasium. After luncheon they practised nursing technique for an hour and a half. At four o'clock, they attended classes in French and German. They dined at seven. Prayers were conducted by Sister Helen Scott Hay at eight-thirty and the nurses retired at ten o'clock.

The grim realities of war hovered near the staunch S. S. *Red Cross* as she plowed her way through the heavy seas. Letters and diaries of the nurses recounted the eventful days in the war zone:

> Monday, September 14. About 3 A. M. the searchlights of the British cruiser, *Essex*, found us. After our flags were run up and our illuminated Red Cross had flashed back our identity, we were allowed to proceed. As this is my first ocean trip, my happiness will not be complete until there are "shots across the bow" and I see a whale.
>
> They found three stowaways, two of the old crew; sighted four ships, ordinary trading vessels.
>
> Tuesday, September 15. Another lesson on bandaging at 9:30. Passed south of the banks of Newfoundland at noon. The sea is still rough, the sun warm, a strong wind blowing. Huge waves come breaking over the decks. We are taking the eastern course direct.
>
> Wednesday, September 16. A beautiful, warm, bright morning. They found two more stowaways who looked as if they had been making their home in the coal boxes. Had a very interesting talk on solutions, preparations for aspirating, venous section and lumbar puncture. It is dark and

cloudy and looks very much like rain. The *Lusitania* sent a wireless at 8 P. M. saying we were coming to a storm. Everything is being tied fast and tacked down.

Friday, September 18. Such wonderful weather and the sick chirping up. Our class this morning was on the care of the wounded in the field. Then in the afternoon we were shown the engine room. I thought my time had surely come; we went down, down, down. It was the cleanest but also the oiliest place that I had ever seen. There is one fact which penetrated my brain and remained there: the stokers are not the miserably unhappy mortals one is likely to imagine. The one I saw was blissfully smoking a pipe and singing. Then after I had smiled sweetly (and no doubt patronizingly), great was his joy when I put my hand on a rod covered with tar. He laughed outright and so did I.

Monday, September 21. Major Patterson received a wireless this morning from Dr. Ryan of the Serbian unit, stating they have had bad storms for five days. I really think we are all feeling the depression of this awful fog. It is just the feeling that one would have after being put in a cold pack and then forgotten by the nurse.

Tuesday, September 22. Another heart-to-heart talk with our superintendent has brought home to us that neither the best bandage nor the deft handling of a wound will win for us a place among those we hope to assist; the keen and ready sympathy that we show them will make or mar our mission.

Wednesday, September 23. Bishops Headlight has just blinked a welcome. Land at last! One war vessel at anchor in the harbor sent the following message by wireless: "God bless you and good night."

With her flags unfurled to the brilliant glare of searchlights from land and from battle craft in the harbor, the S. S. *Red Cross* lowered anchor on the evening of September 23 in the Bay of Falmouth, England. Surgeons and nurses of four units were to leave her at this port, D and F to report to the American Ambassador in London for assignment to service with the British; C and H to proceed north by way of Scotland and Sweden for Petrograd, Russia. The remaining six units destined for service in France, Germany and Austria were to remain aboard for debarkation at other ports.

Among the low hills of southeast England lay Paignton. Here on October 1, 1914, Unit F reported for duty at "Oldway House," then a war hospital for Tommy Atkins.

"Oldway House" was formerly the country estate of Paris Singer, of New York, and had been loaned by him for hospital purposes to the Committee of the American Women's War Relief Fund. This group of American women, then resident in England, included among others, Lady Arthur Paget, Lady Henry, the Duchess of Marlborough, Lady Randolph Churchill, Mrs. Whitelaw Reid, Mrs. John Astor and Viscountess Harcourt. Sir William Osler, Baronet, served as consulting physician and Lieutenant Colonel R. C. Gunning, Royal Army Medical Corps, as military commandant. To this beautiful place with its spacious parks facing the Channel, its broad terraces and columned façades, its marble stairways and tapestried walls, came Unit F with Sister Mabelle S. Welsh, a former superintendent of nurses at Peter Bent Brigham Hospital, Boston, as supervisor and Dr. Howard W. Beal of Worcester, Mass., as director.

In the meantime, Unit D with Dr. Robert W. Hinds, of Buffalo, New York, as director and Sister J. Beatrice Bowman, of the Navy Nurse Corps, as supervising nurse, had been sent to the Haslar Royal Naval Hospital, near Portsmouth. This unit remained at Haslar for six weeks before it was called to Paignton to supplement the staff at "Oldway House." A brief description of the Haslar hospital is therefore given before the work at Paignton of Unit F and the combined work of Units F and D is detailed.

Sister Beatrice of Unit D wrote:

> From our hotel windows overlooking Falmouth Harbor, we saw the Channel and the *Red Cross* as she steamed out, and the S. S. *Tennessee* as she swung into her place.
>
> At ten o'clock on the morning of October 3, we started for Gosport. Even the roads and foliage seemed old-world and quaint. Lady Hotham says that Americans are not considered foreigners here and indeed they do not treat us so. One would think we were some near relative turning up after years of separation.
>
> This is the largest hospital, naval or military, in England, with a capacity of two thousand and six hundred beds, and a possible emergency one of seven thousand. Each of the ninety-nine wards has twenty-eight to thirty patients.

Picturesquely sea-going was the language at Haslar. The floor was "the deck," upstairs "top-side," and downstairs "be-

low." The nurses' office was the "Sister's cabin," the operating room "the theater," the Hospital Corps "the sick berth staff." Small wonder that the American nurses gasped to hear the British Navy Sisters refer solemnly to a critically ill patient as "that jolly sick man just gone below!"

But it was necessary to supplement the staff at "Oldway House." Thus after six weeks of absorbingly interesting work at the Naval Hospital, the order came for Unit D to proceed to Paignton.

The Matron of "Oldway House," Gertrude Fletcher, was an Australian woman whose long experience during the Boer War had helped prepare her for the delicate task of directing the work of the English and American nurses. When Unit D arrived on November 12, they found that Unit F had previously been given the care of a ward of sixty-seven beds, one-third of the entire house. This responsibility was continued, but shifted so that Sister Mabelle Welsh of Unit F became Matron's first assistant on day duty and Sister Beatrice Bowman of Unit D was appointed general night Matron. Other members of Unit D were assigned to ward, night and operating room duty.

An interesting analysis of the first 1000 cases treated at the American Women's War Hospital at Paignton showed that 445 patients were wounded, while 520 suffered from miscellaneous injuries, such as abrasions, burns, dislocations and contusions. One hundred and seventy-nine operations, under general anæsthesia, were performed. Of the results of the treatment, only 129 of this first 1000 were pronounced "unimproved," 623 were completely cured and only 3 died. "On January 4," a nurse wrote, "we received one hundred new cases, coming direct from the trenches through Boulogne. One young man had lost both eyes; others had terribly frosted feet; two came in with perfectly clean wounds, the first we have had; one has eight bullet wounds in one leg, another through the shoulder, and a sabre cut on the arm, the only case of this type in the hospital."

At the close of their six months' service, four of the American nurses, including Sister Mabelle Welsh, asked to be relieved from duty on account of the lightness of the work. In a letter addressed February 23 to Miss Delano, Matron Gertrude Fletcher gave a penetrating glimpse of the two stages which every nurse in active service soon undergoes:

> War nursing as a whole is a demoralizing experience. As long as the work is heavy, all is well, but when long periods of waiting arrive, even the most level-headed of women are apt to become lacking in judgment to a degree that astounds one. The work begins with such stirred up emotions and enthusiasms, and one can never quite tell where that will lead. This is why I regard the second stage of war nursing as the test. I have gone through it all before, so it becomes like nursing a familiar disease.

At Miss Fletcher's request, National Headquarters appointed Sister Louise Bennett and Sister Elizabeth Weber as supervisors of their respective units. With fifteen English sisters, seventeen probationers and twenty-six American graduate nurses, the nursing staff at "Oldway House" had been experiencing difficulties of seniority and Miss Fletcher felt that better discipline could be secured by having the remaining Americans work under their own leaders rather than under British nurses.

During the spring, the work grew heavy. Three additional nurses and two doctors from the United States arrived April 5, 1915. Miss Fletcher expressed her relief in the following letter:

> The whole of England seems to be preparing for heavy times ahead, and nurses apparently are going to be difficult to get. Soldiers and everybody else can see no other possibility than that we must have an immense amount of sickness when the summer sets in. The men say that even already while the weather is so cold, the odor from the dead horses alone is dreadful, and whenever they start to dig a fresh trench they come upon the dead. Therefore, it can be nothing short of a miracle that will prevent a summer of sickness and disease.

However keen may have been the disappointment of the American nurses that they were not always busy to the utmost capacity of their strength, or however delicate the relations between probationer, Sister, supervisor, Matron and director, the work with Tommy Atkins "'imself" was intensely satisfying. Sister Beatrice wrote:

> Our patients had great fun at our expense on Washington's Birthday. One of our probationers, a girl from Virginia, sent to London for some artificial cherries which she passed among all of us Americans and which we wore, greatly to the enjoyment of our thirty-two convalescents. When I came

on duty the next morning, I found every man Jack of them had tied about his neck on a string an apple, or an orange, or a banana. When I asked what the decorations meant, I was greeted with this answer: "Well, yesterday being George Washington's birthday, we thought we'd celebrate Adam's and Eve's today!"

To the white beds filling the reception halls and guest rooms of that stately palace-hospital came soldiers from the Seven Seas. Princess Pat's trooper lay beside "those black Gurkhas, a fine lot of men they be." Blackwatch and Patriot sunned themselves on the terraces, or limped through the gardens. The patients delighted to write poems which they presented to the nurses. Among the popular subjects was "Frozen Feet":

Tingle, tingle, little toes,
Them wot's 'ad 'em only knows
Nothin's pleasant, nothin's sweet,
'Bout a pair of frozen feet!
Standin' in trenches wet an' cold
Is wot's caused 'em, so I'm told,
They throb all night, and burn all day,
But are cured by friends from U. S. A.
They work all day and watch all night,
To do their bit to get chaps right.

A Corporal of the King's Own Regiment.

Spring came over the Devonshire hills, bringing splendid Canadian troops to Paignton, some of them blinded, others choking with poison gas, and the horror and weariness of war grew harder to bear. "We don't say much about it," wrote Sister Louise, "but we are all heartily sick of this endless cruelty and wickedness." The monotony of ten months' continuous duty was broken by vacations and short trips about England.

The American Ambassadors in the various belligerent countries received word August 1 that the American Red Cross was withdrawing its foreign units on October 1, owing to lack of funds. With a record of 1905 admissions during the period the American Women's War Hospital was operated by American Red Cross, Units F and D withdrew September 30, 1915.

Early in the spring of 1915, the American Red Cross had assigned two units to the Belgian Government to assist in the care of their wounded at La Panne, Belgium. The personnel of the S. S. *Red Cross* were recalled after a year's foreign service, but these later units were retained in Belgium until the

completion of their entire twelve months' duty. Several nurses of the Units D and F were accordingly transferred by Miss Delano to La Panne. Five other nurses remained at the invitation of the British War Office at Paignton. Other members of the units returned eventually to the United States.

In a sunny valley below the Pyrenees lay the city of Pau, France. The French units A and B of the Mercy Ship Expedition were detailed for duty at this famous winter resort. Dr. Reynold M. Kirby-Smith, of Sewanee, Tennessee, and Margaret Lehmann, of Philadelphia, were in charge of Unit A; Dr. Roades Fayerweather, of Baltimore, Maryland, and Alice Henderson, of Baltimore, were in charge of Unit B.

On their arrival, October 3, 1914, at Pau, the American surgeons and nurses were greeted by the mayor and residents of the town and by many Americans then living there. "Pau is a prosperous little city," wrote Sister Alice Henderson, "every one seems quite well-off and prices on food and clothing have advanced little, if at all. Were it not for the soldiers on the streets, one would never know that a war is raging." Since the hotels were all liable to be requisitioned for the soldiers, the *Palais d'Hiver*, a pleasure-designed casino, was secured and equipped as a hospital.

The Winter Palace had formerly been the center of the great gayety of Pau and its rooms and corridors were large enough to accommodate 166 patients. In the center of the palace was a palmarium; the Americans put long tables down the middle of the room between the palms and blossoming vines and the convalescents had their meals there in the warm sunshine. Every window of the Winter Palace commanded a view of the white Pyrenees which loomed above Pau.

Although the nurses were all American-born, some of them had names of Teutonic origin and the French felt and even expressed some doubt as to their sympathies. This was one of the reasons why the units were assigned to southern France, instead of to Paris, where professional nurses were greatly needed. Paris was the headquarters for the Government and the Army. During the first weeks of their stay at Pau, the Americans received few patients. However, they soon earned the confidence of the local authorities. "We are not only wanted," wrote Sister Emma, "but we are needed. I do not think that we will be moved nearer the front," she added. "it is easy to understand now why we were sent to Pau. As individ-

uals on our own resources, it might have been possible for us to work at the front but as an organization representing a neutral government, this appears to be quite out of the question."

Finally in the last days of November, many wounded were sent to the *Palais d'Hiver*. Arabs, Belgians, Moroccans, Algerians and French were unloaded from the hospital trains. "One has little idea of what this war really is," wrote Sister Alice, after a convoy of 110 wounded had arrived, "until you see a train of wounded come from the front, the men so dirty, so ragged, so tired, so sick, yet not one of them ready to admit that he is either hungry or exhausted or that his wound is more than a scratch!"

Christmas in France during this first year of the war was a time of anxiety and suffering. The drive on Amiens was in progress; every province was sending its men to the defense of *la douce terre de France*. As Pau was a recruiting center for the surrounding country, the streets swarmed with soldiers of every class and type. From her busy operating-room, Sister Emogene E. Miles wrote on December 20:

> This past week has been sad. Our ears are filled with the sound of drums, of bugles, of marching men. They are mobilizing all the available recruits for the January drive, calling boys eighteen years old, though volunteers of sixteen are accepted. Dr. Kirby-Smith was absent one day last week and he tells us that at every station on his way home were mothers bringing their sons to the train. After it had pulled out, many of those poor youngsters would weep, their heads bent, yet unashamed.
>
> Pau has tremendous barracks, now filled with men and boys getting into uniforms, drilling and being sent off to the Army at once. They are in sore need of more men. When the soldiers go to the train, their friends meet at the barracks and thrust a bouquet into each gun.

A train loaded with wounded came to Pau on December 21, direct from Amiens. Before the arrival of these *grands blessés*, a notice had been posted from the chief medical officer in the *Department-Basses-Pyrenees*, stating that in future consignments all seriously wounded men were to be sent to the American Hospital. These patients had truly undergone the rigors of trench warfare. One man's mud-saturated clothes bore out his statement that he had been standing in water-filled trenches for three weeks. Many of the patients coming from crowded hospi-

tals further up the line, had sloughing bedsores. A desperate case of tetanus, which required special nursing day and night for several weeks, recovered, to the vast surprise of the French. Although the First Aid dressings were uniformly excellent, the majority of the wounds were badly infected. This infection was caused by mud-soaked uniforms full of bits of straw touching the wounds before the dressings could be applied.

The hospital at Pau occupied a geographical position which increased the professional difficulties of the American units. Although they were near enough to the front to receive patients forty-eight hours after injury, often with only First Aid dressings on their wounds, they were also far enough back in the zone of the base to be the cynosure of many tourists' eyes. Sister Alice wrote:

> We must always be on dress parade. The scores of English, French and American visitors who come to visit us each week make it necessary that we keep the hospital ready for inspection at any moment. At the present time, I am satisfied that we are doing all that we could handle efficiently. Were we in some isolated place, or at the line, we could easily take care of many more patients. As it is, however, we seem to have made a lasting impression on the French in demonstrating the value of trained nursing as opposed to volunteer effort.

The American units found their French patients courteous, appreciative and simple, with the *naïveté* of children of the soil. Robert Herrick, then American Ambassador to France, wrote that "the popular nickname of *poilu*, the unshaved, has an intimate significance. The little French soldiers are not parade soldiers, but common, plain men, careless of appearance." [1] Barbusse described in *Le Feu* the characteristics which so endeared their patients to the American nurses:

> They are not soldiers, they are men. They are not adventurers, warriors for massacre, butchers or driven cattle; they are ploughmen and laborers, easily recognized as such under their uniforms. They are up-rooted civilians. In their silence, in their immobility, in the masks of superhuman calm on their faces, reflection and fear and longing are visible. They are not the sort of heroes they are popularly supposed to be, but their sacrifice is nobler than those who have not seen them will ever be able to divine.

[1] "*Poèmes des Poilus*," W. A. Butterfield, Boston, Mass., p. 3.

Sister Emma wrote on December 31 that a man in her ward, the father of four babies, had received not one word from his wife since the war began. Another young man, she wrote, seemed dazed after his thirty-two days in the trenches, where he had slept only in snatches, always drinking black coffee to keep awake. "He returns very soon. It is dreadful to hear him say with a shrug of the shoulders: '*Eh bien,* I shall soon be dead,—I go for France.' We see only mourning on the streets. The women do all the work, driving oxen and mules, plodding through mud and rain drawing loads of produce to the city, delivering bundles of wood and sweeping the streets. Every day more men go to the front." Always grateful, always respectful, always appreciative of the slightest attention, never forgetting their *merci beaucoup,* never failing in their sympathy for their fellow wounded, the French soldiers were the wonder and inspiration of all comers. Sister Margaret wrote: "It was always a beautiful as well as a most touching sight to watch the convalescents welcome the new *blessés.* They hail them hilariously, telling them of the good care they are to receive, assisting us in making our French understood and helping generally in making the newcomers feel comfortable and at home."

When a soldier died at Pau, it was the custom for one surgeon and two nurses to attend his funeral. First marched the veterans of the little city, old men scarred in former wars for France, then the slow chanting priests, then the military escort. As very few *poilus* could be attended to their last sleep by members of their immediate family, the American doctor and the two nurses walked slowly before the flag-draped casket. Sister Vashti Bartlett wrote: "All along the way, the black dressed women and children stood at attention. Even small boys of five and six would drop their playthings and remove their caps. As we walked slowly down the road to the burial ground, I thought of the thousands of dead on the battle fields, denied even this last poor homage."

It was a sad day both for patients and nurses when a soldier was dismissed from the American Hospital. Every one soon knew every one else in this small family of theirs. In a letter to Miss Delano, Sister Vashti enumerated her patients:

> No. I having been a waiter in London, spoke English; No. II, Lecheree, always ready to help, comes from northern France, now under German occupation. When he was told

that he must leave Pau, he had no place to spend his precious eight days' leave before returning to the front. As French soldiers receive only one cent a day, when one's family could not send one money, *c'est dommage, n'est-ce pas?*

No. III, Chuzel, the baby of Salle D, holds the record for having killed sixteen Germans.

No. V, a twenty-one year old sergeant, is a veteran in hospital experience. "You know, Sister," he said solemnly, "to be wounded twice means to be wounded thrice, and then one is killed and goes—who knows where?"

As the busy winter months slipped by in the daily routine of hospital life, little if any word from the other Red Cross units scattered over Europe came to the American Hospital at Pau. A cablegram from Major Patterson, at National Headquarters, brought in the latter part of February, 1915, however, serious news of Serbian Units 2 and 3. A severe epidemic of typhus was sweeping Serbia. Every member of the commission at Gevgeli save five had been infected. Until additional assistance could arrive from the United States, would not one surgeon and three nurses from Pau report immediately at Nish?

Every one of the American family volunteered. Dr. Kirby-Smith, the senior director, Sister Margaret Lehmann and Anna V. Lofving, of Philadelphia, and Sister Rebecca Watson, of Baltimore, were chosen and left Pau in March to sail on the *Calidomen* from Marseilles for their destination in Serbia. After their departure, Dr. Roades Fayerweather took charge of the *Palais d'Hiver* as senior director, with Sister Alice Henderson as supervising nurse. As other vacancies occurred, surgeons and nurses were assigned to fill them from Washington or were transferred from Paignton.

With a record of having treated 598 patients to a conclusion, the *Palais d'Hiver* was closed on September 16, 1915. During their twelve months of duty at the *Palais d'Hiver* more than 225 major, as well as innumerable minor operations, were performed. Throughout their stay at Pau, the American surgeons and nurses were greatly assisted by the untiring courtesy and coöperation of Mayor Alfred de Lassence and his daughter, Mme. de Cabrole. Mrs. Henry Hutton, Mme. de Arizcun and Margaret Porter, American women living in France, had charge of the sewing room of the hospital and did splendid work. Mrs. Leonard Brown, Mrs. Wadsworth Rogers, President of the *Comité des Dames*, Mrs. John Cushing and Mr.

George A. Bucklin, Jr., the American consul at Bordeaux, greatly furthered the work of the American units through their personal service and interest.

Kief, which was a clearing-house for thousands of Russia's wounded, is situated on the Dnieper River, with the Black Sea to the southward and the Carpathian mountains to the west. This Russian city was the destination of Units C and H of the Red Cross Mercy Ship Relief Expedition.

Units C and H left the S. S. *Red Cross* at Falmouth Harbor for London on Wednesday, September 30, 1914, and started the next day on their long journey for Petrograd via Scotland and the North and Baltic Seas.

When the crowded little steamship *Balder* docked at Gottenburg, Sweden, the Americans were met with the cordial welcome which was to characterize their reception all along the way to Kief. A brief stay at Raumo, Finland, was made pleasant by the cordial hospitality of the population. This Finnish village, then used as a port of landing for refugees, boasted no hotel. The women prepared food, however, for the passengers of any ship which came to their wharves, and on many days fed more refugees than the town had inhabitants. The American surgeons and nurses breakfasted in small groups at different houses.

A representative of the Russian Red Cross escorted the units from Raumo to Petrograd. At the capital city of Russia, the Honorable George T. Marye and his wife and Mr. Winship of the American Embassy, acted as hosts. Her Majesty, the Dowager Empress Marie Feodorovna, who was the head of the Russian Red Cross, received the Americans at the Illagen Palace. Lest the field uniforms of the American Red Cross, not then as familiar as they grew to be in later years of the war, should fail to be recognized and the work of the units accordingly hindered, the American surgeons were given high rank as medical officers in the Russian Army and the nurses were presented certificates as Russian Red Cross Sisters.

At last on October 28, Units C and H set out for their final destination, Kief, a five days' trip of nine hundred miles. The special troop train on which they traveled drew freight cars containing furniture, linen, kitchen and laundry supplies for a 400-bed hospital and four car loads of American Red Cross medical supplies from the United States.

Dr. William S. Magill was senior director of the Russian units and Sister Helen Scott Hay was senior supervisor. Dr.

Phillip Newton, of Washington, D. C., was director of Unit H and Sister Lucy Minnigerode, one time superintendent of the City General Hospital, Savannah, Georgia, and later of Columbia Hospital for Women and Children, Washington, D. C., was supervising nurse. Dr. Edward Egbert, of Washington, D. C., was director of Unit C and Sister Charlotte Burgess was supervising nurse.

During November, the units set up an American Red Cross hospital in a wing of the Polytechnic Institute, which crowned the crest of a hill just outside the city of Kief. On the first floor, they established administrative offices, pharmacy and living quarters. The second and third stories were utilized as operating and dressing rooms and as wards. In the basement, large rooms were given over to the reception of patients; and an efficient system of baths, which awakened the interest of many other hospitals in Kief, was set into operation. All incoming patients received a bath, a haircut and a shave from the *sanitars* before they were admitted to the wards upstairs. Seriously wounded and helpless cases were sponged off by the nurses in rooms adjoining the main baths.

To transform this school into a hospital required not only equipment but genuine hard work. The rooms where the wards were established were large, with high ceilings and many windows; the amount of scrubbing necessary was consequently great. On one occasion the Red Cross officer who purchased supplies for Kief, sighed when he saw Sister Helen Scott Hay's shopping list. "Holy fathers!" he ejaculated, "I think that Sister Helen actually eats scrub brushes! I've bought about all there are in Kief now!" In one of her letters to Miss Delano, Sister Helen told to what use these articles had been put: "I wish you might have seen your *Amerikan Spii Cestritza* scrub! Some say we have lost face thereby; but what our twenty-four nurses did to those dirt-littered wards is a poem in itself and a subject right worthy for epic or knighthood!"

After a month spent in preparation, the hospital was formally opened in December, 1914. The majority were sent up from the Austrian Front, the Carpaths, as they called it; Siberians, Great and Little Russians, Poles, Tartars, Bessarabians, Gruzins and Cossacks from the Don and from the Caucasus lay in the white cots and thanked the American Sisters for their services with simple, courteous, heartfelt expressions of gratitude. Sister Lucy Minnigerode wrote:

> They tell us stories of the war, but never speak of their experiences as a hardship. One man described having been wounded at a place the soldiers call "the mountain of death." He lay among the bodies of his company on the field for five days, giving himself First Aid, before the firing lifted enough for anyone to bring him in. Another owed his life to a peasant woman, to whose shell-rifled hut he had crawled. A third was buried in a trench for dead, but managed in three days to dig himself out.[2]

The American Christmas, with its carols and tree, and thirteen days later the Russian holiday, celebrated by a second tree and a vaudeville show for the patients, came and went in the busy routine of hospital life. The big Polytechnical Institute Hospital was operated under a nursing schedule of nine hours' day duty and ten hours' night duty, of two weeks duration for the American nurses, and ten days duration for the Russian Sisters.

The coming of many visitors to the American Red Cross Hospital at Kief made necessary the same "dress parade nursing" as at the *Palais d'Hiver* in Pau. A large medical school nearby sent its students in groups of twenty and thirty to see the work of the American surgeons and nurses. Visiting Army officers of high rank came to inspect the institution. One asked if the Sisters were good to their patients. A soldier replied: "Not good,—double good!" A ranking general inquired how soldiers managed with nurses who could not speak their language. A big Cossack answered him: "What need to speak, Excellency? They do everything for us without asking!" Sister Lucy wrote of the confidence with which the Russians regarded the Americans:

> The patients themselves were quick to realize the difference in the nursing service given them in the American and in the Russian hospitals. Neither patient, sanitar nor Russian sister would have been willing to return to the way of caring for the wounded to which they had been accustomed. Letters from ex-patients testify to their appreciation; to their willingness to help as far as they were able; to their patience under terrible suffering and after months of extreme hardship; to their unselfishness with each other and their gratitude for any service rendered.

[2] "Experiences of Unit C at Kief, Russia," Lucy Minnigerode: Red Cross Department, *American Journal of Nursing*, December, 1915, Vol. XVI, p. 223.

> Of course, many individual cases of special interest developed. The top sergeant who had part of his jaw and all of his tongue shot away and who lingered between life and death for many weeks, finally recovered and remained in the hospital to teach others, wounded in like manner, how to feed themselves and to keep the mouth properly cleansed. The first blind soldier, who with the aid of his comrades' direction learned his way about the hospital, taught others, blinded like himself, how to keep themselves and find their way about without assistance. Courage, endurance and a blind determination to get well were potent aids toward recovery.

The organization and personnel of the units underwent important changes following the termination of the first six months of service. Dr. Magill had been relieved from duty, November 7, 1914, and the units had been without the guidance of a general medical director. A more satisfactory unity of command was secured upon the arrival in April, 1915, of Dr. H. H. Snively, of Columbus, Ohio, as senior director. Six of the original nursing staff had left Kief in March, 1915, to return to the United States and eleven relief nurses arrived with Dr. Snively. Further vital changes occurred in June. Sister Helen Scott Hay left Kief on June 2 to investigate the school of nursing project in Bulgaria. Sister Minnigerode with two other members of Unit C returned to the United States in June by way of the Pacific; mines in the North Sea and submarine warfare endangered the shorter route. Sisters Charlotte Burgess, Alma Foerster, Rachel Torrance and Alice Gilbourne were transferred from Kief to the Serbian units.

The remaining surgeons and nurses settled down to a summer of strenuous activity. Sister Mabel Rich became supervisor of Unit C, Sister Sophia Kiel, supervisor of Unit H. The hospital was increased on the first of July from 400 to 500 beds. The anticipated activities on the Polish Front did not take place, however, and the ominous lull gave opportunity for the tired surgeons and nurses in Kief to take welcome vacations.

Of the accomplishment of the units at Kief, statistics show that the mortality rate of the American Red Cross Hospital was three and seven tenths (3.7) per cent.[3] During the nine months in which this hospital was maintained under American management, 4050 cases were admitted, 976 major and 53,233 minor operations and dressings were performed.

[3] American Red Cross Annual Report, 1915, p. 18.

When the American Red Cross recalled its foreign units in October, 1915, the American family at Kief separated into small groups, each going its own way. Several of the surgeons and nurses returned to the United States. Dr. Phillip Newton took charge of a flying field hospital in the Russian Army. Dr. Snively, with Dr. Brown McClintic, Dr. T. Lyle Hazlett, Sophia Kiel, R. Lee Cromwell, Florence Farmer, Edwina Klee, Mary Hill, Aurel Baker, Margaret Pepper, Clara Barndollar and Eleanor Soukup undertook service with the Russian Red Cross. They were sent in November, 1915, to establish a 200-bed hospital for Russian soldiers at Khoi, Persia. In this ancient city seventy-five miles from a railroad, with its narrow arched streets and its curious bazars where merchants, with long beards dyed red, squatted on rich carpets and cried their wares, the Americans set up a Red Cross hospital. The building they used was a low adobe structure in which camel drivers had housed their caravans. On February 12, 1916, the Americans left Khoi for Kasbin, Persia, where both a military and a Red Cross hospital had been established. While here, Sister Eleanor had a rare opportunity to learn something of Persian customs:

> The Persian house was a mass of mud walls with a flat roof, built around a compound and surrounded by a ten foot mud wall which excludes all view of the yard or harem. Entrance was through a strong wooden gate in the wall, always attended by a keeper.
>
> The patient was placed upon two narrow tables in a damp, cold room, and a Cæsarean section performed in the midst of her entire family and a *molla* who prayed all the time. As tables, chairs and beds are not found in Persian homes, when the operation was over, the patient was put into a bed consisting of a narrow mattress laid upon the floor. Every family, whether rich or poor, possesses many exquisite rugs.
>
> Presuming that all water was brought from the well, I hadn't given this much thought, but one day when going to the house, I noticed at the small stream running through the middle of the street (scarcely wide enough for a team of horses), a woman washing clothes by beating them with a club; further down a mother was bathing her child and yet further on a young girl cleaning the head of a sheep for some future meal. When I arrived at my destination, the servant was dipping up in an earthen urn water for cooking and drinking. This shows how rapidly epidemics may spread, as we saw later when cholera broke out.

> We had another patient, a Persian woman recently married, who had made an attempt at suicide by taking large doses of opium and strychnine. After several days she recovered enough to tell us that her husband whipped her. She resented it very much. He, however, was present and said he beat his wives once a month whether they needed it or not just to show them their place. He divorced her the next day by commanding her to go away with her dowry.[4]

Again on March 24, the Americans moved, this time to a hospital established in a carpet factory in Hamadan. A special detachment, consisting of Dr. McClintic, Eleanor Soukup and a Russian Sister, started in April to Kermanshah for surgical work at the front, but the advance of the fierce Kurds in June drove them back, after many adventures, to Kasbin. The further record of the work of these *Amerikanskiï Cestritza* in the Persian desert, colorful, vivid, full of the swift dangers and sufferings of guerrilla warfare, became no longer that of an American Red Cross unit, but was merged into the record of splendid achievement of the many men and women who carried on individually their service for the wounded in the European War.

The smoky city of Gleiwitz, situated in the wealthy province of Silesia, that thick finger of Prussia which extends southward between Austria and Russia, was the destination of Unit I. Unit G, the second of the two detachments assigned to Germany, was destined for nearby Kosel.

The Red Cross Relief Expedition of 1914, it will be remembered, was comprised of ten units, two of which had been assigned to each of the five belligerent nations. The detachments destined for England and Russia had left the Mercy Ship at Falmouth. From the decks of the S. S. *Red Cross* as she lay in the yellow waters of the Gironde River, France, the units destined for Germany and Austria watched the surgeons and nurses disembark for Pau, France. So, with four remaining units, the *Red Cross* weighed anchor October 4 for Rotterdam, her final port of entry. At last the Mercy Ship steamed up the Maas River, through level Holland fields. The American nurses as they leaned along the rail, exclaimed with pleasure at the picturesque scene, the windmills and the children who clattered along the banks in their wooden shoes pointing with delight to the great Red Cross on the ship's white sides.

[4] "With the Russians in Persia," Eleanor Soukup McClintic, *American Journal of Nursing*, Vol. XVIII, page 39.

The four units were formally welcomed at Rotterdam, October 10, by the Prince Consort, president of the Dutch Red Cross. Dr. Henry van Dyke, American Ambassador, and the German and Austrian ministers at The Hague paid visits. Sister Anna Reutinger wrote of the refugees pouring down across the frontier into Holland a few hours before the fall of Antwerp:

> From painting and histories we had visualized war as a struggle between manly foes, both victors and vanquished displaying heroic qualities that stimulated the imagination and sent the blood coursing rapidly through the veins. That was the false and artificial glory of war. Now we began to see its real, ugly, hideous features. Here were aged men driven from their country, their faces reflecting their misery and despair; here were desolate women whose fathers, husbands, sons and brothers were held as hostages or shot as suspects by a relentless conqueror; here were children emaciated, gaunt and hungry,—all homeless outcasts.

Under the personal guidance of Count Helie de Talleyrand-Perigord and of Baron Goldschmidt Rothschild, the four units entrained October 10, 1914, for Berlin. There Units I and G parted company with the Austrian units and started on their trip across Germany to Gleiwitz.

At noon of October 17, the long supply train carrying the Red Cross surgeons and nurses pulled into the grimy station of Gleiwitz. As they had neared their destination, the nurses had exclaimed at the smoke and coal-dust which hung in a blue haze over the pine and birch forests of the heavily-wooded countryside; and now that they arrived, they looked about with curious, delighted eyes on this busy city of 70,000, the center of the rich mining and manufacturing interests of southern Prussia. Here Unit G left Unit I and proceeded forty miles further to Kosel.

The proverbial German system was at once in evidence at Gleiwitz; the Americans were immediately escorted on an inspection tour of the public buildings available for hospital purposes. The military authorities allowed the Americans to choose the location of their future *Lazaret*. The city theater, which could accommodate sixty-two patients in the downstairs lobby and sixteen in an upper reception room, seemed to contain the best possibilities for development and was taken over by the unit.

Unit I went on duty October 18. Dr. Charles H. Sanders, of Calvert, Texas, was director and Sister Anna L. Reutinger, formerly Directress of Nurses, Lying-in Hospital, New York City, was supervisor. Sister Donna Burgar described her impressions of that first morning in the wards:

> The theater was a living picture of the tragedy of war. The stage, the boxes and the galleries were there just as you would see them in any theater at any time, but there were no chairs nor seats for patrons. In their places stood low slatted iron beds covered with straw ticks, a single straw pillow and a blue checked bed cover. Nearby stood plain pine tables, one for every two beds, in which the last bare necessities of maintaining life of man were kept; the dark bread, the daily allowance of butter, the knife, fork, spoon, tobacco, soap, pocket-comb and an occasional toothbrush and always a much worn picture of the wife, the children or sweetheart. . . .
>
> If we did not see orchestra chairs, neither did we see the ordinary theater-goers, dressed comfortably and well, intent on pleasure, with laughter in their faces and joy in their voices. In their place we saw many weary soldiers in worn, mud-stained, torn uniforms, with dark dried blood stains telling the tale of wounds of hours and days before.[5]

Within a few days Unit I had an opportunity to witness the remarkably swift and thorough "turn-over" of patients which characterized the entire German sanitary service. Sister Anna Reutinger described it:

> A few days after our arrival an order came at 8 A. M. to prepare sixty-five patients for discharge in two hours. Within an hour after their departure, we admitted sixty-eight new stretcher cases. The arrival of a transport of seriously wounded is an indescribable scene. Their bloodless and haggard faces reflected the agony they were suffering. Wounded five days previously in a battle many miles from the railroad, their first conveyances were springless farm wagons and crude home-made carts. In these they traveled twenty-four hours, without food or drink and were then packed in freight cars with little straw to lie upon, getting no sleep and a limited amount of food. Their dressings, not changed during four days, were stiff and foul. One of our patients had been lifted from the battlefield, placed with three others in a wagon, jolted over rough roads all night long. He dis-

[5] "In Gleiwitz," Donna G. Burgar, *American Journal of Nursing*, Vol. XV, p. 1094.

covered at dawn that his comrade had passed away in the darkness, probably from hemorrhages and exhaustion.

They lay on the hard floor of the foyer, since they could not be taken into the wards until the vermin-covered uniforms and boots were removed—those sad-looking uniforms, a few days before so spotless and clean, now mud-caked, bullet-pierced and blood-stained, with here and there an arm or leg missing. On arrival they received a cup of hot coffee and a sandwich. The uniforms were put into bags and sent to the garrison hospital for fumigation. The boots, helmets, belts and knapsacks were kept in separate bags. Often the soldiers' feet were so swollen it was necessary to cut the boots to remove them. Baths were given in bed since we were handicapped by having no bath tub or available place to install one. Fortunately whenever large transports arrived, the neighbors brought in buckets of hot water and in such circumstances they were of great value. The first consignment of men had worn their uniforms eight weeks without once removing them.

At the end of their second week in Gleiwitz in addition to their duties at the *Viktoria Theater,* Unit I was placed in charge of two private *Kliniken.* These annexes each accommodated twenty-five officer patients and were luxuriously equipped and furnished. The twelve American nurses were distributed so that one day and one night nurse was always on duty in each *Klinik.* They were assisted by young German women of good family, *Helferinnen,* who also acted as interpreters. The system of volunteers worked well in Germany; because of the strict military discipline, an order given in a military establishment was obeyed in every detail. Under an American graduate nurse's constant supervision, the wounded received excellent care in the face of many emergencies. "Always hemorrhages!" wrote Sister Anna.

Gleiwitz was an important military center. Sister Anna told of the shifting movements of the Russian and German armies:

At one time the Russians were supposed to be within thirty miles of Gleiwitz. Their guns were heard all night. Men and boys from fourteen to twenty-one were ordered to the interior. Accompanied by sorrowing mothers they marched to the station, each allowed to carry nothing but a small package. The atmosphere was tense with anxiety and apprehension marked every feature. Neither letter, telegram, telephone nor

person was permitted to leave the city for seven days. We were notified to be prepared to depart within an hour's warning. Gloom and fear had seized the people. The troop trains were now moving at fifteen minute intervals. They continued to pass for five days and nights, two million men, with big and small guns, horses, supplies and all that go to make up an army transferred from West to East. At this time Austrian-Hungarian soldiers appeared before homes at midnight, begging for lodging. Twelve applied at a private clinic that had been turned over to us and the poor fellows, fagged and footsore, dropped on the cellar floor, the only vacant spot, and were sound asleep before we could bring them straw to lie upon. The Germans were again driving the Russians back; and again the freshly wounded were poured into the city.

Gleiwitz being a garrison town our attention was frequently directed to squadrons of Uhlans leaving for the front, in full war equipment with splendid mounts and uniforms, their banners unfurled and decorated with roses, the mounted bands on dappled greys. They were magnificient bodies of men, full of buoyancy, patriotism and eagerness for the fray. What a contrast to the unfortunates who returned to us wounded, vermin-covered, helpless, crippled and maimed for life, with faces paled and pinched from loss of blood and with hands and feet frozen, arms and legs missing, eyes shot out, bones crushed, muscles, tendons and nerves torn, all heaping pain and agony upon the sufferer!

Sister Anna made brief comment upon the mental attitude in which the patients arrived:

> Their lingering death and bodily injuries can be moderated to some extent, but what about scars of a soul seared or brutalized by this awful lust of blood! I cite one of many similar histories of a young university student, twenty-two years of age. I discovered him sitting alone and apart on several occasions in an apparently melancholy mood. He told me finally that he had bayoneted a Russian in a charge attack: "It was either he or I and I regret exceedingly that he did not get me. I still feel my bayonet going through him. I will never knowingly kill again."

The American nurses described their wounded as strong, clean, healthy men, patient, courageous, frugal and childishly appreciative.

Four nurses sailed in February, 1915, from New York to relieve members of Unit I, who wished to return to the United

States at the end of their six months' service. The war zone was then full of danger; one of the relief nurses, Edith Wood, described her passage in the following letter to Miss Delano:

> The accident to the S. S. *Touraine* furnished us with excitement for two days. Of the fourteen vessels receiving her S. O. S. we were the first to reach her, turning back in a dense fog eighty miles from our course. Our captain had to reduce speed one-half to allow *La Touraine* in her crippled condition, to crawl slowly behind us. Sunday afternoon, two French cruisers, called by wireless, came up, swung about and one before and after, escorted our charge away toward Le Havre. We congratulated ourselves that we were not on a burning ship carrying 400,000 rounds of cartridges and in momentary danger from German torpedo boats!
>
> All night long we have lain at anchor in Dover. Torpedo boats and destroyers patrol up and down near us, and gray-hulled battleships slip in and out through the fog. Our life boats have been swung clear on the davits, from the time of our entrance in Channel waters. The *Rotterdam* has her name in three great rows one below the other on each side, in large letters about four feet square, composed of electric lights. As we moved out toward the North Sea this morning, the wreck of a liner drifted past us.

Upon their arrival at Gleiwitz in March, the four new nurses found that Unit I was in sore need of reënforcements. From the *Viktoria Theater,* the American Red Cross Hospital had been moved to a concert house nearby, which accommodated 140 beds, an increase of sixty beds over the capacity of the theater-hospital. Unit I retained, moreover, the two *Kliniken.* Sister Anna was extremely loath, in view of the pressure of work, to allow two of the four new nurses to go on to Kosel, but they were needed equally and had to go there.

Although Sister Anna's letters to Miss Delano were persistently cheerful, the Gleiwitz Unit was not without its difficulties. One hundred and seventy-three beds, always full, taxed the strength of eleven nurses. The ten hours' duty and the lack of a common language and of recreational facilities made the service more severe. The presence of the *Helferinnen* in the wards further complicated matters. Sister Anna wrote:

> The first duty of our German *Helferinnen* is to write and keep histories, and to assist when possible with ward work. I am determined to get on with them in this German military hospital!

> What we need are conscientious, skilled nurses who are willing to accept without murmur the routine work of making helpless patients comfortable, bathing them, making beds, dusting, using our improvised equipment and accepting cheerfully the general discomforts of war. Peace at any price has been my first consideration.

The American Red Cross *Lazaret Konzerthaus* was closed September 13, 1915, with a record of 1527 cases and the staff of Unit I received their recall with regret. Several members returned immediately to the United States. Ten nurses and one surgeon joined the group which Dr. Snoddy, senior director of American Red Cross units assigned to Austria, was organizing for the German Government, to render relief to German and Austrian prisoners of war in Moscow and Siberia.

The closing days of the *Konzerthaus* were as busy as had been the first days. Sister Anna's last report from Gleiwitz to Miss Delano described how the patients continued to arrive:

> Vermin-covered as they are, exhausted and hungry, with their wounds undressed for five or six days, to bathe and care for these patients is the most soul-satisfying work I have ever done.
>
> We are busier at present than ever. The arrival of a large transport is dramatic. When all else fails, I am prepared to manage a night lunch counter! Recently thirty ravenous, wounded, tired souls arrived well after midnight. When we had finished scrubbing them, I stole some bread and with the jam on hand and seventy huge mugs of hot tea, those weary men declared this old *Konzerthaus* Heaven on earth!
>
> Parting with the soldiers was hardest for me. We left many seriously wounded from our last frightful convoy; their eyes, full of feverish pain, haunt me.

The ancient garrison town of Kosel lay forty miles from Gleiwitz in German Silesia. Here in a military hospital of 700 beds the American surgeons and nurses of Unit G upon their arrival on October 17, 1914, were given the charge of the main *Lazaret*.

Unit G quickly won a place for itself in Kosel. Dr. Bial F. Bradbury, of Norway, Maine, director of Unit G, was appointed in short order general consulting surgeon of the entire military hospital. Dr. R. H. Newman, of Knoxville, Tennessee, was made general operator. Within a few weeks of their arrival, a station of fifty beds was opened in a public school near-

by and assigned to Dr. John Lancer, of New York, thereby making a total of 130 beds to be cared for by Unit G. Sister Frances H. Meyer, of the New York City Hospital, was supervisor of Unit G. A German Red Cross sister was assigned to the American Red Cross *Lazaret* to interpret for the surgeons and to record histories.

The even tenor of their days at Kosel was interrupted on January 7, 1915, when Dr. Bradbury was called home by the critical illness of his wife. Four nurses returned to the United States at the termination of their six months' duty, March 3. As the Garrison *Lazaret* was transformed in March into a central operating station for Kosel and as all major cases remained five or six days under the care of the Americans before they were returned to their own wards, the work was heavy for the nine remaining nurses. Dr. Gilbert A. Bailey, of Chicago, appointed to succeed Dr. Bradbury, arrived in Kosel March 12 with one relief nurse, Sister Caroline Bauer. Dr. Newman succeeded Dr. Bailey as director on April 22.

Two relief nurses destined for Kosel sailed in July on the S. S. *Noordan*. With them was the first Harvard Unit of 150 surgeons and nurses, which has been assigned independently of the American Red Cross for service under the British Expeditionary Forces. To these two nurses, after days of danger in the war zone,—the *Noordam* with her life-boats swung out above huge electric letters which proclaimed her neutrality to German submarines,—the quaint town of Kosel, set among fields of waving grain, seemed peaceful indeed.

When the Garrison *Lazaret* was closed on September 15, 1915, 750 cases had been treated to a conclusion and 275 major operations performed. Only a few of the surgeons and nurses returned to the United States. Drs. Newman and Lien with Sister Frances and seven of her unit joined Dr. Snoddy's group in Berlin for duty among German prisoners in Moscow and Siberia.

Unit K of the S. S. *Red Cross* arrived on October 14, 1914, in Vienna, Austria, the gayest capital city of Europe, to establish Reserve Hospital No. 8 for Austria's wounded and were assigned to a brick and stucco school building in the Johann-Hoffmann Platz. Here they set up a military hospital of 400 beds, splendidly equipped through the generosity of the Austrian Red Cross. Dr. Cary A. Snoddy, of Knoxville, Tennessee, was director. Three American surgeons, Dr. Fred G. Benton,

of Owego, New York, Dr. Walcott Denison, of St. Louis, and Dr. P. A. Smithe, of Enid, Oklahoma, composed his staff. Sister Lyda W. Anderson, of the Illinois Training School of Nursing, Chicago, was supervisor of nurses.

Wounded soldiers coming by train from the front were received in the school gymnasium, which had been equipped with beds, benches, bathtubs, showers, diet kitchen, dressing room and steam sterilizer. Dr. Snoddy described to Major Patterson the arrival of a transport:

> Ambulances drive to the door of the receiving department, which is capable of handling thirty bed and seventy sitting patients at one time. Here hot nourishment, stimulants and medical attendance are given immediately. The spectacle is one of suffering, exhaustion, discouragement and filth.
>
> Next to the physician and dietitian in the receiving line is the barber, and then the chemist comes with his lice-killing applications. The bath stewards are ready with tubs for the sitting patients and tables for the prone cases. The record writer is busy. Surgeons and nurses stand by in three operating rooms, one for aseptic cases and two for septic. The ward nurses are at their posts with beds prepared. Patients are handled at the average rate of twelve per hour.

The American Red Cross hospital needed efficient organization and high professional skill as its work was subject to constant comparison with the best organized clinics of Europe, such as that of Eiselberg in Vienna and Dollinger in Budapest.

Sister Lyda's report of November 24 to Miss Delano bore testimony to the ease with which the Americans cared for the wounded:

> This afternoon we are enjoying a little lull after a heavy night and morning's work. We received a message yesterday noon that a transport would arrive at nine P. M. today. They did not come until midnight, but we had them bathed and their wounds dressed by three o'clock this morning. This is our third transport, about ninety wounded in all. They have not been severe cases, but all filthy with dirt and vermin. Many have not had their clothes off for weeks, nor have they even had their faces washed.
>
> It is the greatest gratification to see them in their comfortable beds! Though scrubbing from thirty to sixty men makes us feel we have really done something, the work so far has not been so strenuous but that we have been able to do it thoroughly. Good and generous equipment makes the work

convenient and comfortable. We no doubt have harder days in store for us. Our greatest difficulty lies in compromising on methods and in adjusting ourselves to military regulations.

Home-sickness was a potent foe with which all the units had to combat. "Like cool water to the thirsty, is the sound of his mother tongue to a man in a far country." Few of the nurses spoke German, however, and Sister Lyda urged the members of her unit to meet with tact and diplomacy situations that constantly arose because of the lack of a common language. Although they were not in sympathy with the extremely practical and systematic habits of the American graduate nurse as opposed to the more sentimental point of view which Europeans entertained toward the care of their wounded soldiers, two Viennese volunteers of high social standing gave much time and energy towards making the Americans comfortable. They succeeded well. "Our meals are late and long but very good indeed," wrote Sister Lyda to Miss Delano. "Personally I like the life here in Europe, though to be sure it is abnormal now. Wien is not the happy city I visited several years ago. It is in sack-cloth and ashes. They are beginning to resume their gayety to a small degree. The Royal Opera and the concert halls are open again." Sister Lyda's description of the bread lines alone, served as an index to conditions:

> The husbandry of foodstuffs was more carefully considered as time went on. Bread was issued at bakeries, restaurants and hotels only upon presentation of bread tickets. These cards allowed one a week's supply. Flour was obtained in the same way. This law was rigidly enforced. On Tuesdays and Fridays no meat could be purchased. Cream could not be taken from the milk. Peasants harboring their crop of meal were all required to give it in to the general supply for common distribution. Bread lines formed, extending the whole length of the block, forenoons and afternoons, at the several hundred stations in the city, people waiting hours for their allotment of bread. This was a heavy, black bread made from potato flour principally, and could be prepared so as to be quite palatable, but when made very cheaply, was heavy, black and soggy. Foodstuffs had more than trebled in price during our year in Vienna.
>
> Supplies of all kinds, so much wanted last winter, will be much more needed this winter. Some months back they issued a call in Vienna for all the old linen to be used, when frayed into ravelings, as a substitute for absorbent cotton. House-

> wives were required to give up all copper and brass utensils to be melted and sent to ammunition factories. Some splendid heirlooms, beautiful Russian samovars and oriental urns were sacrificed. An especially designed iron finger ring worn by anyone signified that this person had thrown a jewel into the coffer and accepted this war decoration instead.[6]

One year later, horse-flesh was selling in Vienna at fifty-six cents a pound!

Dr. Snoddy gave Major Patterson an interesting analysis of the effectiveness of projectiles as shown by the first thousand cases which came to *Reserve-Spital No.* 8. He judged that the high velocity rifle bullet was the most destructive from hand weapons. Distinguishing features of the German, Austrian and Serbian bullets were lead cores, ogival heads and flat trajectories which deformed easily. The Russian bullet, conical-pointed and of smaller calibre, was generally less harmful. The French bullet, large in size, of solid brass with high penetrating power, did not easily deform. Shrapnel shells were by far the most effective of projectiles from artillery. The octagonal iron balls used in French shrapnel were more destructive than the lead or alloy balls of the other nations. German bombs fired at short range from mortar guns threw many fragments of shell when exploding and literally swept the enemy down.[7]

The American nurses found the German-speaking Austrian soldier particularly appreciative, quiet and obedient. Sister Lyda wrote:

> The Austrian soldier accepts the war submissively, as the inevitable, never questioning for what he is fighting, or whether the sacrifice of his precious life is adding to the glory of his country or is fulfilling anything of value to the world. Seeing troop after troop of the best men of the country, as fine as the world has to offer, talented men often of great minds, marching out daily, few to return and these few maimed and useless citizens, one wonders that it did not stir anarchistic feelings.[8]

[6] "Experiences of Unit K at Vienna, Austria," a paper read by Lyda W. Anderson at the Eleventh Annual Meeting of the American Red Cross, December 8, 1915.

[7] "Notes on the European War," Cary A. Snoddy, Red Cross Archives.

[8] Paper read by Lyda Anderson before the American Red Cross Annual Meeting, 1915.

Although Unit K was among the most successful of the units sent abroad on the *Red Cross Ship,* Sister Lyda had to confess that even in this detachment, there were moments of discouragement:

> I must admit that this position of supervisor has caused me more anxiety than other positions I have held of far more grave responsibility. That a number of graduate nurses who have lived an independent life for several years are not going to adjust themselves to new and unusual conditions, such as we found here, or come under authority (even though the supervisor tries not to make this authority felt enough to arouse antagonism) is a natural condition. It has taken a great deal of thought on my part to try to know each individual.
>
> In listening to the nurses of the different groups who have visited us on their way home, it has seemed to me that the one stumbling block has been that the individual could not forget herself for the good of the whole. Is this disinclination toward united effort a weakness especially of our profession, or just a natural human instinct? Shall we depend on a few strong leaders to control the number or should the individual be educated to appreciate more fully her personal responsibility?

With a record of only five deaths among 2050 cases treated (although they had received largely only lightly wounded patients), the American Red Cross Hospital No. 8 closed its doors September 18, 1915. Sister Lyda with several nurses returned immediately to the United States. At the request of the German Government, Dr. Snoddy with two surgeons and nine nurses of Unit K, as well as additional American Red Cross personnel from Budapest, Gleiwitz and Kosel, went to Petrograd to care for German prisoners in Russia. Sister Lyda described with considerable amusement incidents of their departure which were in sharp contrast to the cordiality of the reception given the unit upon its arrival one year before:

> Of the thoroughness of any system instituted by the German Government, there can be no question left in the minds of travelers who have crossed her border the last few weeks. The only thing one can think of which they might but didn't do, was to apply the X-ray!
>
> Your clothes are removed and every garment is examined, for was not a woman just the day before, who had come in with a presumably broken arm, found with papers concealed

> in her bandages? Your body is examined, for in the week past a woman was found with her back tattooed, showing the plan of the army. The soles of your feet are scraped; there is the possibility of papers being plastered there by adhesive. Your tooth paste is squeezed out of the tube, your candy pieces are broken, your powder boxes are emptied. You feel when you are through, that your very soul had been ransacked, that they know your innermost thoughts. All papers, books, printed and written matter are held over for more careful reading and are mailed to you later if you leave the money for postage. If you remain in any German city longer than is necessary to change trains, you are required to report to the police department when you arrive and when you leave, giving a short sketch of your life each time, assuring them of your legitimate business and leaving your finger print. Any war souvenir such as bullets or anything used in the field by the soldier, maps or diaries, they retain, giving you the promise that they will be sent you after the war. For the civilian they have no regard; he is a trouble to them in their serious business of war.[9]

In the rich plain of Hungary on the main rail and water routes from western Europe to the Balkans, lies Budapest. Near the beautiful *Vares Leget* in this city, Unit E of the American Red Cross Relief mission established *Military Reserve-Spital* No. 4 of 200-bed capacity, in a modern brick and concrete structure which had shortly before been built as an asylum for the blind.

As with the other units of the Red Cross Ship scattered in the several corners of Europe, so with this group of surgeons and nurses at Budapest did the geographical location and the attitude with which the military authorities regarded the Americans, entirely determine the number and condition of the wounded assigned to the strangers' care. Budapest boasted fifty military hospitals, which gave a ratio of one soldier patient to every eleven civilians. As the city was splendidly located, from a strategic point of view, on the Danube River, the wounded came from many points, first from the Serbian frontiers, then from the Western trenches and later from the Carpathian and Italian battle-heights. Unit E considered itself fortunate indeed to be assigned to the Hungarian capital, which war had made a center of hospitals.

On October 31, fourteen days after the arrival of the unit,

[9] Paper read by Lyda Anderson before the American Red Cross Annual Meeting, 1915.

Dr. Charles MacDonald, of Salem, New Jersey, director, and Sister Alice Beatle, of Cleveland, Ohio, supervisor, opened the doors of the American Red Cross Hospital. The first assignment of patients was made up of soldiers desperately wounded during the Austrian drive on Belgrade. It is significant of the neutrality of the Red Cross that its units should bind up the wounds of both Hungary and Serbia in the capitals of these countries that were fighting each other. Within ten days, Unit E had received 135 stretcher cases. Sister Katrina Hertzer described the condition in which the patients arrived:

> Serbs, Albanians, Hungarians, Croatians, Austrians, Montenegrins and Russians began their long journey from the front on stretchers, ox-carts and hay wagons to the nearest railroad, where hospital trains brought them filthy, hungry, exhausted to us. Many of them had their faces blown away; pus flowed down their chests and on the beautiful new Red Cross blankets. As they arrived with their first dressings still on their wounds after fifteen days' travel, it was almost impossible to protect the beds. We dressed many cases three and four times a day.
>
> Hideous mutilation was the rule, not the exception. It was a frightful thing to take off foul dressings and see below the shattered, yellow flesh, the labored inspiration and expiration of the exposed lung. The thought of what pain these men were suffering used to sicken me.

Baron Armin Popper, General Staff, was military commander of the Red Cross Hospital at Budapest. Many former American citizens residing in the city opened their houses to the members of Unit E. Countess Sigray, the daughter of Marcus Daly, of New York, and Countess Zichy, formerly Miss Mabel Wright of Boston, took a keen interest in their compatriots' work. Countess Széchényi, née Gladys Vanderbilt, presented Unit E with a beautifully complete X-ray apparatus. Dr. Hertzog, military commander of the Budapest hospitals, often made rounds with his staff at No. 4. Professor Julius Dollinger invited the surgeons and Sister Alice to attend his famous clinics.

Between the lines of Sister Alice's small leather diary appeared a brief story of the first month's work:

> October 30, 1914—Supplies arriving all day were listed and put in place. Many gifts from peasants received.

October 31—Hospital turned over to American Red Cross by *Herr Oberstabsarzt* Hertzog; forty-two wounded soldiers arrived.
November 4—Nurses dressed cases until 2 A. M.; two leg amputations. Archduchess called again.
November 10—Twelve patients from Galicia, badly frozen; heavy work.
November 11—Nurses had cholera vaccine.
November 13—Twenty-two wounded from Serbian Border—141 patients in all.
November 24—Professors from University visited us.
November 25—Fortress Przemyzl in Poland has fallen!
November 28—Twelve patients admitted; 172 in hospital.
November 29—Mrs. Gerard from Berlin visited us.
December 1—Eighteen Budapest hospitals quarantined because of typhus.

The work proved absorbingly interesting. Sister Alice wrote of the different nationalities which sifted through the American Hospital:

> Moravians, Slovaks, Dalmatians, Magyars, Germans, Ruthenians, Poles, Roumanians, Italians, Croatians, Helvetians, Turks, Serbs and Russians come to us, and somehow we manage to find out their wants and make them comfortable. Quite frequently we find a man who speaks English. A few days ago I said to a new arrival: "And so you speak English, do you?" "Well, jus' tol'able, Miss."
>
> The Hungarians take excellent care of all wounded they receive and are very clever at improvising hospitals in schoolhouses, theaters, the Stock Exchange, art galleries, warehouses, private homes, clubs and sub-stations of banks. The women do a tremendous amount of work here, of a type never essayed before. The wives and children of soldiers must be cared for; places must be provided for the blind and crippled whose asylums are now being used for hospitals, and employment must be found for thousands. This requires genuine organizing ability.
>
> The longer I stay here the more deeply am I impressed with the fact that the women who undertake foreign service for the American Red Cross must be fine women before they are good nurses. Their work does not count for nearly as much as does their general bearing and conduct, both in and out of the hospital.

Although the members of the Budapest Unit were far removed from National Headquarters they were in an excellent

position to receive wisps of information regarding the other American Red Cross personnel. Sister Lyda from nearby Wien wrote of the interesting work accomplished at Gleiwitz and Kosel. Sister Helen Scott Hay, writing from Kief, assured Sister Alice that the Russian soldiers were quite the nicest patients she had ever seen. A New York newspaper woman brought tragic word of Serbia. Political jealousy, intrigue and cunning ran high in the Hungarian capital. "Small wonder," wrote Sister Alice, "that they term Budapest the whirlpool of modern Europe." During the early spring of 1915, the city became a maelstrom through which gray hordes streamed down to the Carpathian and Italian frontiers. Sister Alice wrote on March 11 to Miss Delano:

> You have read in the papers about the movement of German troops to Galicia, Serbia and Transylvania? Those millions of men keep marching past our hospital, week in and week out. Troop trains constantly go by night and day, loaded with soldiers and ammunition. Army wagons, ambulances, artillery, automobiles, ox-carts and aeroplanes form a never-ending procession. All types of vehicles from an imperial coupé to a Fifth Avenue motor bus are used.
>
> The German soldiers are always singing. At almost any hour of the night when one awakens, we can hear "Die Wacht am Rhein" or "Morgenroth." As they swing past our hospital in the daytime the infantry smartly salute the *Stars and Stripes* above their heads.

Hot summer months brought no cessation of work to Unit E. Sister Alice's letters referred repeatedly to the unselfish helpfulness of the wounded. When it became evident that he could not recover, a critically ill soldier was removed in July to a hospital nearer his home. His comrade in the next bed, who had helped care for him constantly, came to Sister Alice the next day and asked if his cot might not be placed by the side of some other very sick patient. "*Die Schwestern* have taught me how to be gentle," he said, "and I would help."

When the American flag and the Red Cross banner were lowered for the last time, September 20, 1915, the Red Cross hospital closed its doors with a record of 1543 cases and 313 major operations. The death rate was less than one and one-half per cent of the total admissions. Dr. Crookston, Dr. Metcalf and Dr. Miller, with eleven nurses, joined Dr. Snoddy's unit for service among German prisoners.

When the American Red Cross had offered its ten relief units in August, 1914, to the belligerents of the European War, the detachment of twelve nurses and three surgeons destined for duty in Serbia, had not been sent upon the S. S. *Red Cross,* because of the expense that would have attached to an extended trip of the vessel down through the Mediterranean for just these fifteen. Thus a dingy merchant vessel instead of the white Mercy Ship brought Unit No. 1 to Saloniki for its destination further north, at the time the first overwhelming tide of suffering and disease incident to the Serbs' gallant part in the war rushed across the sunny agricultural lands of the little Balkan principality.

The Serbian people had always been a nation of farmer-soldiers. Pride in ownership of field and cattle-herd had bred a fierce national love of independence. Manual toil, shared alike by rich and poor, had developed a fine, upstanding democracy. The people had clung desperately through years of internal and external warfare to the hope of a great Jugo-Slavic kingdom. Since the dawn of European history, the Balkan peninsula had constituted the natural trade-gates to the East and its control had been the goal of ambitious world-powers since the days of Alexander the Great. Exhausted by two previous wars, Serbia chose to submit to the terms of Austria's ultimatum of July 23, 1914, rather than to endure her powerful neighbor's "punitive expedition." But in spite of Serbia's humble agreement to eight of the ten Austrian demands, Austria declared war July 28 on the seemingly defenseless little kingdom to the south. History records the resultant action of Russia, Germany, France, Great Britain, Italy and the United States.

Serbia swiftly mobilized her five million population. An heroic band of 900 medical men marched away with the new Army. Serbia had only one doctor for every 5500 of her sturdy peasant-soldiers. The government immediately accepted the offers of sanitary assistance which were extended her by the Red Cross societies of several then neutral nations.

Among these contingents of surgeons and nurses was the American Red Cross Serbian Unit No. 1, of which Dr. Edward W. Ryan, of Scranton, Pennsylvania, was director and Mary E. Gladwin was supervising nurse. Miss Gladwin's share in Red Cross nursing in the Spanish-American War has already been mentioned. She was graduated from the Boston City

Hospital, was in turn superintendent of nurses of the Woman's Hospital, New York City; of the City Hospital, Cleveland, Ohio; and of the Akron (Ohio) Visiting Nurses' Association. At a Japanese base hospital during the Russo-Japanese War, she had received experience in the lonely, monotonous, exhausting school of war nursing. As chief nurse, she had directed the relief work of many American Red Cross nurses during the Dayton flood.

Upon the arrival of Unit No. 1 at Nish, Crown Prince Alexander asked the Americans if they were willing to report to the Military Hospital at Belgrade. The Austrians were at that time bombarding the city. Unit No. 1 accepted the challenge with alacrity and on October 15, 1914, took over this excellently equipped institution, then filled with wounded Serbs.

The Military Hospital at Belgrade consisted of nine modern stone pavilions, erected in 1907 by the military authorities. The main building had two wings in which were two large operating-rooms, a laboratory, a main office and four wards of fifty beds each constructed according to modern standards with white-tiled floors and ample windows. Adjacent to the main building were medical and surgical pavilions of one hundred beds each. Nearby were the administration building, the kitchen, laundry, chapel and morgue. A magazine and trenches plainly visible from the windows of one pavilion brought home to the Americans their closeness to war.

Grave difficulties confronted this unit of three American surgeons and twelve nurses. During the first seventeen days of heroic house cleaning, they cared for approximately one thousand lightly wounded Serbs. Dr. Ryan's responsibilities were greatly increased by his appointment on November 25 to the general directorship of the military and civil hospitals in the entire city. His and Miss Gladwin's professional and administrative duties were further complicated by the fact that they could communicate with National Headquarters, Washington, D. C., only through the already overtaxed cables of the State Department. Medical supplies could not be obtained in Belgrade. Food for the patients was unsuitable and inadequate. Overhead shrieked the Austrian shells. Miss Gladwin described the bombardment of the city:

> There was no time during the first six months that some of the guns were not fired. My room was a little white-washed

one. Every time one of the big French guns would fire, for example, it would show the flash on my wall. It would illuminate the wall and then, in a second or two, I would hear the boom of the guns. That kept up night after night.[10]

At two o'clock on the morning of November 30, the Serbian authorities notified Dr. Ryan that they were evacuating Belgrade because their supply of ammunition was almost exhausted. They left one hundred of their seriously wounded in his care. Of the taking of the city, Dr. Ryan wrote Major Patterson:

> No authorities were left. As there were many robbers about, stores were looted. . . . Many people were being held up in broad daylight and it was necessary to do something for the poor who had no food. As we had not enough for the patients at the hospitals, I sent men into the country to bring in all the food they could lay their hands upon. But before their return the Austrians arrived and forty-eight hours after the first troops, their wounded.
>
> We worked day and night until we could no longer continue. We had wounded men everywhere. Starting at six o'clock in the morning we would dress wounds all day. About nine o'clock at night we would start to operate and work until five or six in the morning. Many nights we got no sleep and never more than three hours. Halls, floors of wards and every place a man could fit in, we had filled. We had in this hospital for several days three thousand wounded and one day we had nine thousand in the grounds. I was then forced to beg the Austrian officials to send some of them to the hospitals in Hungary.

During the Austrian occupation, the American Red Cross furnished food, coal and wood to all the hospitals in Belgrade and supplied six thousand loaves of bread daily for the poor. Soup, a little meat, a few beans, and an allowance of two hundred and fifty grams of bread, comprised the rations for patients and staff of the Military Hospital.

An insupportable burden of work confronted the nurses. The Austrians brought hundreds of cases of frozen hands and feet, dysentery, recurrent fever, typhus and typhoid to the American Red Cross Hospital. Other patients suffered from every type of rifle, shrapnel, grenade and bomb wound. Ox-carts and hay

[10] Paper read by Miss Gladwin before the Nineteenth Annual Convention of the American Nurses' Association held at New Orleans, La., 1916; later published in the *American Journal of Nursing*, June, 1916, Vol. XVI, page 905.

wagons had transported some of the patients, often without even First Aid dressings on their wounds, from remote mountain towns. Gangrene set in and the exhausted nurses, on their slow rounds to minister to those who possessed at least a fighting chance for life, had to pass by the doomed men. Miss Gladwin wrote of the pitiful cries of the dying:

> There was a ward next to mine, with a door leading directly into it. I could hear every sound in it and I used to tumble into bed at two or three o'clock in the morning and hear those men in the ward. They begged and prayed in all languages for help. They swore, they tore their bandages and the nights when I got up (it took all my strength of mind to stay in bed), I knew exactly what I would find when I went in,—the men in their agony tearing off the dressings, the dark streams of blood on the floor.[11]

In the meantime the Serbs had received a fresh supply of ammunition from the French. They rallied and advanced on the too-confident Austrians with a fury which drove them completely out of Serbia. The order to evacuate Belgrade came as quickly to the Austrians as to the Serbs. Cannon began to thunder afar during the early dawn of December 13. At eleven o'clock, Serbian and French heavy artillery had found the range and were pounding the slopes of the city. Dr. Ryan wrote:

> By one o'clock, the battle was raging on the outskirts. At dark, shells were bursting everywhere. The streets were jammed with cannon, soldiers, supply wagons and horses going toward the bridges that would take them across the Danube and Save rivers to safety. They continued the retreat until the next morning, when the Serbians destroyed the bridges, leaving those who had not gotten across, as prisoners on this side. About five hundred Austrian wounded were left in our care.

The following days brought lighter work to the big military hospital. The care of the Serbian wounded was not so heavy. "The work has been indescribably hard," wrote Miss Gladwin to Miss Delano, "but it has grown much lighter during the last two weeks. The nurses are becoming a little rested, in readiness for the Next Thing, whatever that may be."

The Next Thing was typhus. Hordes of refugees pouring

[11] Paper read by Miss Gladwin before the Nineteenth Annual Convention of the American Nurses' Association held at New Orleans, La., 1916; later published in the *American Journal of Nursing*, June, 1916, Vol. XVI, page 905.

down from the frontiers, a shortage of adequate food and the total dearth of Serbian doctors and nurses favored the contagion until it swept the little principality. A graduate of Roosevelt Hospital, then in Nish, wired National Headquarters: "Typhus raging throughout country. Mortality high. Cholera feared later. Help urgently needed, especially doctors, nurses with hospital isolation equipment, disinfectors for typhus clothing." Mr. Bicknell, National Director of the American Red Cross, then in Europe with the Rockefeller Commission, cabled: "Typhus overshadows everything else." Dr. Ryan's report for February gave fuller details:

> During the month we added to our number about 800 patients, totaling 1850 in all. Typhus has overrun Serbia. In Nish alone there are one hundred deaths a day and I believe at least fifty a day here, though Belgrade is better off from a sanitary standpoint, than any city in Serbia. Typhoid claims its share. Many die also from relapsing fever. There are always shells passing over us, as the Austrians retaliate on Belgrade the French fire on the City of Semlin across the river, now exceedingly high. This precludes the possibility of military action for some time to come. Fortunately it will give us a chance to try to get rid of the typhus upon us.

Until April, 1915, at the height of the typhus epidemic, Unit 1 had worked entirely alone as the only group of American surgeons and nurses in northern Serbia, but circumstances outlined below then drew to them members of two other American Red Cross units which had previously been assigned to duty on the southern frontier at Gevgeli. During the autumn of 1914, following the success of Unit No. 1, the Serbian Government had requested National Red Cross Headquarters to send additional surgeons and nurses to assist them in caring for their sick and wounded. In response, two units had been sent to Serbia in December, 1914, and had been assigned to a large military hospital and prison camp at Gevgeli, fifty miles inland from the Greek border. Dr. Ethan Flagg Butler, of Washington, D. C., was director of Serbian Unit No. 2; Dr. Ernest Pendleton Magruder, of the same city, was director of Serbian Unit No. 3; Mathilde Krueger, of Detroit, Michigan, was supervisor of the twelve nurses who comprised the nursing staff of the two units. A detailed account of their struggles at Gevgeli will follow.

While Dr. Ryan and his associates were endeavoring to check the spread of the typhus epidemic in Belgrade, word came during the last days of February, 1915, to the American consul at Nish that the majority of the members of Units No. 2 and 3 had been infected with typhus at Gevgeli. He immediately communicated with Dr. Ryan and with National Red Cross Headquarters. Major Patterson cabled Dr. Kirby-Smith at Pau to send one surgeon and three nurses of the French units to the aid of the stricken Americans, and instructed Dr. Ryan to investigate immediately the situation at Gevgeli. Upon his arrival there, Dr. Ryan found that only four nurses of the staff of twelve and two doctors of the original number of six had escaped infection. These six Americans still on duty were, however, taking good care of their own sick. Dr. Ryan suggested that Units 2 and 3 withdraw from Gevgeli to Saloniki as soon as the health of the patients permitted. He then on March 3 returned to Belgrade and resumed his efforts to combat the typhus which was becoming epidemic in Belgrade.

For the next three weeks, Dr. Ryan was the only American surgeon in the big Military Hospital. His two assistants had returned to the United States, March 3, in company with three nurses of Unit No. 1 whose strength had not been equal to the strain of the Austrian occupation. The depleted unit tried gallantly to meet its responsibilities. "Life is rather monotonous," Miss Gladwin wrote Miss Delano, "we go nowhere and see few people, but we get along surprisingly well. I am as usual well," she continued, "a little thin perhaps and acquiring gray hairs steadily, but happy and content to be in Serbia and glad to have escaped the fuss, feathers and festivities which seem to have overtaken some of our units."

In the meantime, Dr. Kirby-Smith and the nurses from Pau had arrived at Saloniki and there had found several convalescent members of Serbian Units No. 2 and 3. Leaving the nurses there, he had then gone on to Gevgeli and found that the patients were progressing well there and that the remaining members of Units No. 2 and 3 would be able within a few days to withdraw entirely from that ill-fated Serbian hospital camp. He and Dr. Butler then proceeded to Belgrade to consult Dr. Ryan regarding the next move. They arrived at the Military Hospital on the very day that Dr. Ryan himself came down with typhus. Miss Gladwin wrote of her emotions when she first saw them:

> I went back to the sterilizing-room and as I entered I looked up. There in the doorway stood two men in the uniforms of American Red Cross surgeons. I rubbed my eyes, because I thought that my wish for help was making me see visions, but I went forward and found Dr. Kirby-Smith and Dr. Butler. It seemed the merest accident which had brought them there, but I shall always believe it was in answer to prayer.

The contagion swiftly overtook other members of the unit at Belgrade. On March 28, Miss Gladwin wrote Miss Delano that Ida Lusk, a Bellevue nurse, was desperately sick with typhus. Dr. Ryan had developed pneumonia. "It is pitiful," Miss Gladwin added, "to hear him in his delirium going over and over again the details of the work."

Immediately upon his arrival, Dr. Kirby-Smith wired to Dr. Magruder at Saloniki for which reënforcements from Units 2 and 3 as might safely be spared. Then with Dr. Butler, he set to work. In that over-crowded hospital shelled by enemy fire, with an exhausted nursing staff and a stricken director, Miss Gladwin and the remaining seven nurses faced the rounds of duty with cheerfulness and equanimity. Fear held their hearts in a grip of iron, but the discipline of their profession steadied them and sent them about their duties, which was soon to include the care of other desperately ill nurses and the burial of one of their best-loved surgeons. With the calmness of the experienced sanitarian, Dr. Kirby-Smith reported to his superior officer at National Headquarters:

> The typhus situation: At the time of my arrival, the epidemic was at its height, with nine hundred cases under treatment in the typhus pavilions. These buildings were not under our administration. Our own wards were overcrowded, and patients had necessarily been admitted in such large numbers that there was no chance to give them careful examination. The result was that typhus became epidemic in our pavilions. Ryan probably contracted the disease by working in the wards. This may also be said of Miss Lusk, although she had specialed several cases.
>
> Dr. Magruder arrived in Belgrade March 31. He had fever of 104 degrees within a few hours, in fact he had not been well for several days prior to leaving Gevgeli, but notwithstanding this, he continued his work of arranging transportation for his party and supplies, working hard at a time

when he should have been in bed. During the first days of his illness, his condition did not give us undue alarm, but thirty-six hours before his death, he was suddenly overwhelmed by poisons of the disease. He died April 8 and will be buried here in the Civil Cemetery.

Miss Helen Kerrigan, of Brooklyn, New York, was taken suddenly ill April 13. Typhus was positively diagnosed a few days later. She evidently contracted the disease from work in the wards.

Miss Helen Smith became ill April 18. She had specialed Miss Lusk and had not been on duty in the wards for a month.

Miss Rebecca Watson (from Pau) developed severe typhus May 5.

The nurses have been moved to a part of the hospital especially cleaned and disinfected for their occupancy. Only occasional cases now develop in our wards, and it is believed that we will soon have the disease entirely stamped out of our pavilions. Of course, there remains the chance that our personnel may be bitten by an infected louse, conditions being such that we have not entire control over every one with whom we come in contact.

The routine of the hospital now runs smoothly. Dr. Butler with Dr. Downer as his assistant is in charge of the surgical pavilions, and the enclosed list of operations gives an idea of the work being accomplished [averaging five daily]. Drs. Kirkpatrick and Hagler each have a large pavilion. My duties are largely administrative, but I have given my personal attention to the members of our party stricken with typhus. Dr. Ryan is making a good convalescence, and I hope soon to turn over to him the management of his hospital. I will at once start for home, with Miss Lehmann and Miss Lofving [May 9, 1915].

While the routine work of saving life and warding off death to the last moment of resistance, went on as usual within the American Hospital, spring came to Belgrade with soft winds and vivid sunsets. Clear balmy days brought out the convalescents in wheel-chairs to watch the French aviators circling the city on their way to and from scouting expeditions across the Danube and the Save. Though the enemy made ready to renew his assault, all Serbia drew a vast sigh of relief and faced the summer with hope. Typhus was gone, thanks largely to that band of forty-seven sanitarians under Dr. Richard P. Strong, which the Rockefeller Foundation and the American

Red Cross had sent during the dark days of early spring.[12] And no longer did the menace of cholera fill man, woman and child with paralyzing fear.

Upon the arrival, April 13, of six relief nurses and two surgeons, better days came quickly. Following their convalescence, Miss Smith and Miss Kerrigan were transferred to an American Red Cross hospital at Yvetot, France. When tired members from all three units were invalided home in June, Miss Delano sent others to fill the gaps. Miss Gladwin's letter of July 7 to Miss Delano differed greatly from those short notes written in previous months:

> You are cordially invited to a tea at the American Hospital at four-thirty o'clock. You will have no difficulty in finding us, as our flag on the clock tower is visible from many parts of the city. The sentry at the gate will let you through the archway. Come along the drive under the tower. As you open the front door leading into the big, cool hall, you will see Old Glory again, colorful and splendid against all our whiteness, giving you a sense of protection and security.
>
> Come straight down the corridor to double-doors opened wide in welcome. A great, white-tiled room, with enormous window spaces; a long writing-table covered with green blotters; a newspaper table; and a tea-table gay with bright chintz, a bunch of blue and white larkspur, another of purple ten-weeks stock, red and white geraniums in pots and begonias covered with coral blossoms,—that's our tea-room where you may find on any afternoon a warm welcome and many cups of Sir Thomas Lipton's "best."
>
> You will like the Red Cross family. You know all my girls, but you haven't seen them in their gray gowns as they come from their work in the wards. You will like the way they look, a little tired and worn, perhaps, but contented and happy, women who have made a name for good behavior and hard work such as belongs to no other mission in Serbia.
>
> You may not know the men so well. Though he may be called away before his second cup is poured, our Director will come. The Second-in-Command will drink his tea with great enjoyment. The Professor will bear in his hands a potted geranium which he carries from room to room seeking sunny windows. Rumor hath it that he sings a lullaby to it every night!
>
> The Photographer with his big pipe in the corner of his

[12] For an account of the work of this commission see "Under the Red Cross Flag," Mabel T. Boardman, J. B. Lippincott Company, 1915.

> mouth and his hands dripping "hypo," will hurry across from the dark room to show you his latest picture of the market-place. Come see our Student, our Atheist, our Democrat and our Boy for yourself!

Delay in the long-expected advance of the Russians and Serbs upon Budapest lightened materially the work at the American Hospital during the summer, but tried the nerves of officers and privates alike.

During the hot summer months, the immaculate hospital on the hill maintained an average of six hundred patients. Quiet days brought the Americans welcome opportunity to become better acquainted with their simple-hearted, generous, appreciative soldier charges. One sister wrote of her orderly:

> The linen closet on my floor was not clean enough to suit me. After I had spent an entire afternoon on it, one of the "bolachi" (as they call the men who help us), came into the ward clapping his hands and beckoning me to follow. I did so, thinking that he had seen the linen closet and approved. When we both got to the door, he clapped his hands even more delightedly and motioned me to open it. To my astonishment out flew two white pigeons. He had arranged a cozy nest for them among my immaculate sheets! At intervals he would come and get me to go with him to see his pets fly out and light on his head. When they were banished, he seemed almost heart-broken.
>
> Every time an Austrian bullet is removed from a Serbian's wound all the patients get around his bed and sing the Serbian national anthem. I had a boy of seventeen who had had a bullet removed from his foot. On his return from the operating-room he was still half under the anæsthetic and I left him for a few minutes to get a hypodermic. I returned to find him sitting up in bed, completely surrounded by other patients, all whooping lustily!

The second Austrian offensive, long expected by the French and Serbian armies, was launched against Belgrade in September, 1915. The American Red Cross Hospital quickly filled with wounded. Although the American Red Cross formally recalled their foreign units on October 1, 1915, the Serbian Minister of War, in the name of their King, begged the Americans to remain, assuring them that the Serbian Government would gladly defray expenses. Bulgaria was on the verge of

a declaration of war. One hundred and twenty thousand German troops were massed across the River Save. Dr. Downer described how the Austrians captured the city:

> From our vantage point we could witness every move in the desperate undertaking. The broad river lay beneath us and to the right rose the Kalenegdan, the old Belgrade fortress, with its white tower and its white walls, dating from the days when the Turks were masters of the city. Just across the river the combined Austro-Hungarian and German heavy artillery were hurling their great projectiles, searching for the Allies' artillery positions. Allied artillery were dropping shell in Semlin, trying vainly to reach the guns that were slowly battering down their own defenses. The Austrians' thirty-point-five mortars were throwing entire houses into the air, leaving great craters fifteen feet deep and thirty feet in circumference. Added to this, the city caught fire and at night was a most wonderful sight.
>
> In this wild scene we could see thin battalions of Hungarians, lying with their feet still in the river on the Belgrade side of the stream, held in check by a murderous rifle and machine gun fire from the old walls of the Kalenegdan and the trenches along the Danube; the damaged pontoons full of dead men floating down stream with the swift current; the Germans making their bloody struggle to cross over the Gypsie Island and finally the combined Austro-German rush from the river to the trenches and the fearful hand-to-hand fighting with bayonets, knives and club-guns.
>
> After that came the street fighting, the rally of the Serbs from Porlock Heights back into Belgrade, in which heavy infantry and artillery fighting raged around the gates of our hospital all night, until finally in the morning the Serbs retreated for good. And then we heard the distant booming of the cannon at Avile, showing that the Serbs were resisting to the last the terrible onrush of the Austro-German forces.[13]

Under that symbol of mercy which they had worn so well, Serbian Units 1, 2, and 3 could not at this hour desert the crowded hospital. They remained at their posts of duty when the dusty, gray hordes again swarmed the streets and they kept the doors of the Military Hospital open alike to Austrian, Bulgarian and Serbian wounded. After six weeks of stress, they turned over the management of the hospital to the Aus-

[13] "The Thrice-Captured Capital," Dr. Earl B. Downer, *American Red Cross Magazine*, 1916, Vol. XI, p. 78.

trian military authorities and entrained November 28, 1915, for Vienna. From Vienna, in groups of three and four, the surgeons and nurses went their several ways homeward to merited rest.

On the single railroad which in 1914 cut directly north and south across Serbia, lay the isolated depot of Gevgeli. In this dreary town near the Greek frontier, American Red Cross Units No. 2 and 3 established and attempted to maintain a military hospital under conditions which made their brief stay a disastrous yet heroic incident of American Red Cross service during the first year of the European War.

During the last weeks of December, 1914, American Red Cross Units No. 2 and 3 arrived in Saloniki and were assigned by the Serbian Government to the Military Base Hospital and Prison Camp which had been opened in Gevgeli to supplement the already overcrowded hospitals scattered throughout the central part of the small principality. Dr. Ethan Flagg Butler, of Washington, D. C., was director of Unit No. 2; Dr. Ernest Pendleton Magruder of the same city, was in charge of Unit No. 3; Mathild Krueger, of Detroit, Michigan, was supervisor of the twelve nurses.

So highly developed were the medical departments of the armies of the Allied and Central Powers at the outbreak of hostilities, that sanitary conditions existing in the Balkans seemed at first unbelievable to the pioneer surgeons and nurses who went there in 1914. Native standards of living, primitive to a degree astounding to Americans, were lowered by the lack of food and other supplies of every description, by the shortage of labor and by the absence of a native medical and nursing personnel.

Emily Louise Simmonds, a graduate of the Roosevelt School of Nursing, New York City, who undertook service under the Serbian Red Cross, wrote of her impressions of three military hospitals in Serbia during the winter of 1914:

> Gevgeli is the first Serbian town across the Greek frontier; it really represents a station depot and a cigarette factory of four stories, surrounded by a community of squalid little huts.
>
> At Kraguyevats [northern Serbia], I went for a walk one afternoon when I saw a dressing-room orderly emptying waste cans, filled with the pus dressings, in a ditch opposite the main building. He answered my question by stating in a

surprised voice that they had never burned them and it seemed unnecessary to start now.

Of 2500 Austrian prisoners at Uskub, 1000 are dead, 200 are on their feet and the rest are down with wounds and typhus. Here their hospitals are in long, low-roofed barns with two-foot windows on one side only. Beds are often pushed together so that three men lie on two cots, with 200 in each barn, dying at the rate of forty a day.

One of their buildings was on a steep hill and the orderly used to empty the dressing-cans over the wall where they would blow about in all directions. The Turks (Uskub was Turkish two years ago) used to pick these over, taking the cleanest ones to line their wadded waistcoats. I don't want to be disgusting, but I do want to make you appreciate that this may be the beginning of an epidemic and is an instance of what is happening all over the country. If any help is coming it must come at once and must be of drastic measure.

The American Red Cross Units Nos. 2 and 3 were placed in charge of an improvised hospital located in the cigarette factory described by Miss Simmonds. It was without heat, water, or drainage and it sheltered under its leaking roof 1200 surgical patients. Two days after the arrival of the units, 560 additional wounded raised the quota to well over 1700 sick and dying men. Hospital equipment consisted of straw mattresses laid on the tobacco-littered floor. Every drop of water had to be brought from a distance. All waste and excreta were carried to a cesspool several hundred rods from the building. The basement was filled with an accumulation of soiled clothes and linen over which thousands of body lice crawled. When Saints' Days did not forbid, three Turkish women came to wash a few sheets and pajamas in small crib-shaped tubs similar to American chopping-bowls.

Gevgeli was a small community. Serbian officers occupied the few wretched lodging-houses. Quarters in private houses could not be secured. The nurses had to be assigned to a native hotel in rooms approximately twelve feet square, without light or heat,—three women to a room. The beds consisted of straw mattresses mounted on wooden frames. One small tin basin and a water jug were the only toilet accommodations furnished the twelve nurses. The doctors were quartered nearby at the cholera barracks. Their meals, cooked in the general hospital kitchen and served in the staff dining room, were adequate,

except perhaps the traditional Serbian breakfast which consisted of tea with lemon and toasted black bread.

Miss Krueger stated the spirit in which the American units started to work:

> In this unsanitary location, the building crowded to its doors, with vermin and filth on every hand and no prospects of obtaining vitally needed equipment for promoting better sanitary conditions, we went to work, not optimistic nor sanguine of results, but with a determination to do our best. . . .
>
> A staff of two hundred nurses would have been inadequate. For four days we spent our entire time getting all seriously wounded into one ward, averaging four hundred dressings a day. Badly infected wounds were the rule, not the exception. Many had not been dressed since temporary First Aid on the field ten days to two weeks previous. Every day we realized more and more how pitifully inadequate was our force. Conditions grew more disheartening with each week.[14]

The tobacco factory was so dirty that the American surgeons did not dare attempt there the heavy surgical work imperative for the recovery of the patients. Dr. Butler accordingly secured, January 1, 1915, a large tobacco shed for use as a temporary surgical hospital. At the cost of much time and discouragement, the Serbian Government finally furnished a small amount of equipment, including windows, a most important item. On the day of the first operation, January 13, the American flag was bravely hoisted over this warehouse. A sifting process of seeking out operative cases in the tobacco factory and of scrubbing, shaving and clothing them before transportation to the warehouse for operation, soon filled the so-called "American Hospital" to over-capacity. Miss Krueger continued:

> Most tragic of all was the meager and unsuitable food supply. Two meals a day consisting of vegetable soup and coarse brown bread was the allowance for all patients. They were fed on this diet and then treated for dysentery, typhoid and other intestinal diseases with a wisdom equal to that of the sage who dipped up water in a sieve. Possibly some notes

[14] Paper prepared by Miss Krueger for the convention of the American Nurses' Association, 1915, at San Francisco, Calif.; later published in the *American Journal of Nursing*, Vol. XV, p. 1014-1015.

taken from my diary give a better picture of things as they were:

January 7—All the wards of the tobacco factory very cold; patients suffering; food very scarce; impossible to get milk or eggs. No clean clothes for the patients or beds, no laundry done for four days, being holiday week.

Nurses all have bad colds and begin to show strain of work, which is fatiguing, depressing and disheartening. I insist on their having one afternoon and half Sunday to get out in the air and sunshine.

January 20—New cases of typhus, pneumonia and smallpox developing daily. Four hundred cases of recurrent fever, many of them among Austrian prisoners who have been our only helpers. Sanitary conditions indescribable.

January 28—Medical wards almost hopeless, so many desperately sick patients, very little food and no orderlies to help with the work. One of our doctors and two American nurses off duty with temperatures 103 degrees; probably typhus.[15]

The fight at Gevgeli had begun against overwhelming odds. On their arrival Units Nos. 2 and 3 had found the sick and wounded in so pitiful a condition that common humanity had prompted the Americans to assume charge immediately, without taking the time necessary to render their own living conditions at least reasonably safe. Massed against them were lack of equipment and supplies, overwork, a strange language and that potent ally of typhus, the body louse.

The members of Units Nos. 2 and 3 went down one by one before the fever. Dr. Lane was unable to report for duty January 28; Clara Tulloss, January 29; Clara Slusher, January 30; and Dr. King, February 7. Anna Lockerby wrote Miss Delano:

On Monday, February 8, Miss Krueger did not feel well, but was on duty all day until four o'clock. Two hours later her temperature was 102 degrees. Wednesday, there was no doubt that she had pneumonia. Wilhelmina Weyhing did not feel well yesterday, February 12; today she had a temperature of 104 degrees; typhus, of course.

We are very much crippled in our work. Dr. Butler says we must come first. Our dressings are holding out. What we need most is milk, cocoa, rice, eggs and any kind of other

[15] Paper prepared by Miss Krueger for the convention of the American Nurses' Association, 1915, at San Francisco, Calif.; later published in the *American Journal of Nursing*, Vol. XV, p. 1015-1016.

food. All diet we give our patients is cabbage soup. Sir Thomas Lipton and his nurses stopped to see us on their way to Nish and left us such food as he could spare from his ship. Dr. Butler has worked hard to get a place at last where we can have our cook and buy our own rations.

Teresa Curley was the next member of the units to become infected. On February 18, Dr. James F. Donnelly, of New York City, came down with it; the following day, Maude Ellis; the following day, Mary Siehrs; on February 21, Mary D. Cox. The next day Miss Krueger developed typhus following pneumonia. Of the original eighteen comprising the units, four nurses and two doctors remained on duty. Miss Lockerby wrote Miss Delano:

In two rooms we have three nurses each and across the hall, two others, all typhus, some cases three weeks old and one eleven days. Misses Fry, Tetrault and I care for them; Miss Canfield is nursing Drs. King and Lane during the day. Drs. Magruder and Butler have done everything in their power to help. When the crises came, they wanted to stay up all night so we four could sleep.

There have been so many things besides the sick nurses. I was the second person in Dr. Donnelly's room and helped the doctors. None of the nurses know of his death yet. That was a very hard day. Something has come up concerning Dr. ———— which required a firm stand from the director. The nurses were quite excited at first. I said they must obey or go home and they remembered what you had said in New York to Miss Krueger. I felt sure that in her illness you would want me to make the same stand. Dr. ———— has left the unit.

February was a dark time for all Serbia. "We have ourselves lost one hundred and five doctors," cabled the Serbian Red Cross to American National Red Cross Headquarters. Four of the British Red Cross Unit died at Uskub. Two surgeons and three nurses of the Russian Red Cross succumbed at Nish. So tragic were the losses in the Dutch and Greek contingents that these units were withdrawn from the country.[16] Sir Thomas Lipton, who had brought over the British Red Cross units on his yacht *Erin,* said in cable dispatches: "One can

[16] *American Red Cross Magazine*, Vol. X, p. 180.

scarcely imagine the terrible ravages of typhus, far worse than typhoid and even the Black Plague." Only with difficulty was Serbia able to bury her dead.

Drastic measures were imperative. When Dr. Ryan came down from Belgrade, a consultation was held between the American surgeons and two doctors of the Serbian Red Cross and it was decided to withdraw Units Nos. 2 and 3 from Gevgeli to Saloniki, Greece, as rapidly as the condition of the sick would permit, for recuperation and reorganization. Dr. Kirby-Smith, with three nurses from the French units, were on their way to Saloniki from Pau. He and his party, including Dr. George W. Mellon, of Beaver, Pennsylvania, who volunteered his services when he heard on shipboard of the desperate need, reached Saloniki on March 18 and found Dr. Butler and several convalescent members of Units Nos. 2 and 3 in a third-class hotel, the only one in the Greek seaport which would receive the infected Americans. Leaving the three nurses there, Dr. Kirby-Smith went with Dr. Butler to Gevgeli where Dr. Magruder was taking care of the remaining members of the two units. Miss Lockerby's report of March 19, to Miss Delano told of conditions at Gevgeli:

> I am so happy I am almost afraid to write. All of our sick were able to sit at table for dinner. I could hardly keep the tears back,—I felt sure this day would never come. Seven of our convalescents are in Saloniki. Dr. Kirby-Smith came down today leaving his three nurses with them there.
>
> Now the days grow warmer and the quaint native women come out in their bright dresses to gossip as they stand knitting by the roadside, clicking their tongues as fast as their needles. . . .
>
> This week we were able to do a little hospital work. I gave chloroform for twenty-one operations. Sometimes this meant that I didn't get to Miss Krueger, whom I am caring for, until five o'clock. She is very anxious for us to get back on duty.

Major Patterson cabled Dr. Kirby-Smith to consolidate the units, as the health of the individual members permitted, at Belgrade. Gradually strength returned to the eight convalescent nurses and to Dr. King and Dr. Lane at Saloniki, enabling them to return early in April to the United States.

On March 25, Dr. Kirby-Smith and Dr. Butler had gone

to Belgrade to interview Dr. Ryan about bringing the uninfected nurses and doctors to Belgrade. After wiring Dr. Magruder to bring up what reënforcements he could spare, they remained at the Military Hospital to take care of Serbian Unit No. 1. Dr. Magruder with the three "surviving" nurses reported at Belgrade, March 31. "At last our wishes have come true and what is left of Units Nos. 2 and 3 are here!" wrote Miss Lockerby. Their joy was short-lived. On April 18, she wrote again: "All our time since January has been a strain, but it seemed almost more than we could endure to have to bury Dr. Magruder. You will never know how much he helped us," she continued, "he was sick before we left Gevgeli, but he wouldn't give up, nor at Saloniki. He died after five days' illness here and was buried in the Civil Cemetery."

Here ends the separate history of Serbian Units Nos. 2 and 3. Subsequently they shared the experiences of the Americans at the Military Hospital in Belgrade.

Just as the subsequent history of the three Serbian units merged into one, so has the record of individual experiences, massed together in the archives at National Headquarters, been merged into an awesome whole. The terse cable messages, the short letters written in fear and exhaustion which recount the fortunes of the gallant units at Gevgeli and Belgrade, picture war surgery and war nursing with terrible reality. Filth, monotony, hunger, peril, agony, dishonor and despair were there; so also were courage and faithfulness unto death. Let the fact that human strength faltered once or twice show the intense strain of those days! For one man who left his post of duty at an hour of need, there were eight surgeons for whom pestilence held no terror. For one nurse demoralized by utter exhaustion, there were twenty-two others brave and strong and sane under the lingering shadows of death. Florence Nightingale's experiences at nearby Scutari were not more difficult than those of these Red Cross nurses.

In far Gevgeli, a white stone cross marks the ivy-covered grave of an American surgeon, Dr. James F. Donnelly. In an ancient burial-ground in Belgrade, where black marble shafts point skyward among dark cedars, another Red Cross physician, Dr. Ernest P. Magruder, rested quietly until cessation of hostilities permitted the return of his body to his native soil. During the happy days before the war, young Dr. Magruder had gone to Scotland to ascertain whether he was a descendent

of the famous MacGregor Clan. There he had met and married the daughter of Lord MacGregor of Edenchip, Valquhider. A letter written by his widow from her father's home during the first days of her loss bears testimony to the spirit of sacrifice with which the Red Cross moves forward:

> Realizing as I do how immense are the claims on the funds of the American Red Cross, I have already written Miss Boardman to acknowledge my appreciation of the action of your committee in making an allowance to me and my little son. I hope it will enable me to keep my small boy with me.
>
> It is my great consolation to know that my husband laid down his life in the service of others. I feel I should like to express to you the admiration,—the deep admiration,—I have as a Britisher for the noble spirit that actuates the American Red Cross.
>
> In these days when all Europe is in anxiety and mourning and when a dreadful spirit of hate has raised its head above our boasted civilization, one sees in the selfless devotion of Americans, in no way bound to share our suffering, a ray of real comfort and hope and a glory far greater than any won upon the battlefield.

Here ends the experiences of the units which had sailed upon the Mercy Ship for service in European theaters of war. Three other units were assigned, however, by National Headquarters during the winter of 1914-1915; one of them went to Yvetot, France, and the other two to La Panne, Belgium. A brief account of their experiences belongs in this chapter which summarizes the service of the American Red Cross to the Central and Allied Powers before the entrance of the United States into the World War.

The first year of the war had been marked by the establishment of many hospitals under organizations of varying types and aims. Throughout the first six months, wounded had come back from the Marne and from Ypres in increasing hordes. The existing capacities of the sanitary services of the Allied Powers had been greatly overtaxed by the influx of patients, and their development retarded by shortage of supplies, personnel and transportation facilities. By serving on committees interested in the establishment of auxiliary hospitals and convalescent homes and by contributing lavishly to the support of such institutions, men and women in every station of life, both in England and in the United States, seized avidly the oppor-

tunity for dissipating their own emotional tension and for genuinely aiding the wounded soldier.

At Yvetot, France, on the River Seine, within easy reach of Rouen, one of the principal military bases, the French Government placed at the disposal of the Committee of *l'Hôpital de l'Alliance Fondation Anglaise et Américaine* a large monastic school for boys, left vacant eight years before by the separation of Church and State,—this structure to house a military hospital for the care of British, French and Belgian soldiers. The hospital was supported by volunteer contributions from industrial workers in Great Britain and America. The aim of the committee, whose chairman was Dr. F. S. Pearson, Bishopsgate, E. C., was to afford other industrial groups, particularly those engaged in the manufacture of government supplies and munitions of war, an opportunity to give "their bit" for something tangible. Backed by the influential London committee and by many Americans of wealth, the hospital was in a splendid position to secure equipment and personnel. It was later ranked second to the American Ambulance at Paris, conceded to be an ideal institution of its type.

Dr. Ralph Fitch, a Bostonian, was director of the Alliance Hospital. He had practiced his profession in Rochester, New York, and was an orthopedic surgeon of brilliant powers. Before sailing for France in December, 1914, where both he and his wife gave prodigally of their wealth and services, Dr. Fitch had requested nursing assistance of the American Red Cross, should the need be great enough to justify the expenditure. After his report of conditions existing at Rouen, France, National Headquarters confirmed his appointment as a Red Cross surgeon, in order that Red Cross nurses might be assigned to the Alliance Hospital, and dispatched on the *Rochambeau* February 23, 1915, a unit of nine nurses, with Mary M. Fletcher, of Charlottesville, Virginia, as supervisor.

Upon their arrival at Yvetot, March 2, 1915, the American nurses found a well-equipped institution with chapel, administration building, bacteriological laboratories and six large wards of fifty beds each. A separate wing of the building containing one hundred and eighty beds, which was operated by the French Red Cross, brought the total capacity of the hospital to five hundred. A convalescent home accommodating between thirty and forty patients was maintained at nearby Veuille-les-Roses.

Alliance Hospital was governed by a Board of Administration consisting of the chief medical officer, Dr. Dudley D'Avergne Wright, of London; Dr. R. R. Fitch, Captain T. J. C. Warren, of New Zealand, and Mr. George S. Taylor as business manager. Two English surgeons and two students or "dressers" completed the medical staff. Sixteen English Sisters including Matron Adelaide A. Wood and ten probations, with the ten Americans, composed the nursing staff. Eighteen *infermiers,* French soldiers unfit for duty at the front, served their military term there under a French Adjutant. To supplement these orderlies, six young English and American men acted as stretcher bearers and ambulance drivers and did general repair work. To volunteers from Great Britain and the United States was delegated much of the routine hospital detail such as the care of the laundry, the kitchen, linen rooms and the *vestiaire.* Baron Rothschild's *chef* was *major domo* in the kitchens.

During the first weeks, the nurses at the Alliance Hospital experienced the same inactivity which taxed the cheerfulness of the American units at Paignton and Pau, but as the winter of 1915 dragged on, the Americans gradually won the confidence of the English and French authorities, so that the care of large numbers of patients was entrusted to them. Two of the American nurses were placed in charge of one of the wards. A third was appointed night superintendent, acting in Matron's place when she was absent in England for several weeks. "We have tried very hard indeed," wrote Miss Fletcher, "to remember not to spill our efficiency over onto the aprons of the English sisters and probationers."

The work at the Alliance Hospital was almost entirely surgical. Many bone cases required plating, and all wounds had to be drained freely. After a winter in the trenches, with nerves pounded thread-bare by shelling and "wind" shortened by continual cigarette smoking, the soldiers were in poor condition for long general anaesthesia. Hence the cases dragged out while the surgeons waited for wounds to heal before attempting second and third operations. Mary K. Nelson, in charge of Dr. Fitch's operating-room, described the patients arriving from Ypres as wretchedly wounded, their mud-soaked uniforms a torturing, exhaustive burden.

The American nurses found a certain deep satisfaction in caring for cases which they received from hospitals further

up the line. In writing to the Princeton Chapter, which paid the salaries of several of the Pau and Yvetot nurses, Miss Fletcher said:

> To get cases which have been unavoidably neglected in an overcrowded hospital for from two days to two months, may seem uninteresting and perhaps not quite fair from a professional point of view. It does, however, present a wonderfully humanitarian opportunity to give them scientific surgical care. Since it is not our country which is at war, we cannot all expect to be at the front.
>
> The English Tommies are marching through under my window, with an unending procession of lorries, transports and yellow-brown ambulances, on their way to Amiens and Nismes.
>
> About every ten days splendid young, fresh men go through on machine guns from Havre straight for the front. They are usually about forty at a time and are called the Sundry Brigade. They are all sure of death. When they stay over night at Yvetot, the hospital has an impromptu concert. Any one whom the others think can sing even a bit is sent up to perform. You always feel that these boys who can cheerfully undertake to entertain this company must have nerve enough to do anything. They are always given coffee and cakes and are so appreciative and cheerful it makes your heart ache. You know almost all of them will go down.
>
> One of our patients, a man of thirty, has lost both arms. Yesterday his wife, who had not seen him for months, came into the ward. His face was heart-breaking to look at. He tried so hard to keep the tears back, but they would come and she had to wipe them away.

August, 1915, brought many changes to the Alliance Hospital. Of the ten nurses, one felt it necessary to return to the United States. Later Miss Fletcher turned over her supervisory duties to Miss Nelson.

"Remembering what you said about the one thing you would insist on,—'no foolishness'," wrote Miss Fletcher to Miss Delano, "it is pretty hard for a supervising nurse to have to confess she is engaged."

"Sever your connection with your unit at once," answered Miss Delano; "under present conditions, there is no room in the Red Cross for service and romance at the same time."

Accompanying this official message, however, went a personal

letter: "I am delighted to hear of your engagement, my dear," wrote Miss Delano, "and hope most sincerely that he is worthy of you and will make you happy."

To fill the two vacancies caused by Miss Fletcher's resignation and the return of the other nurse to America, Sisters Smith and Kerrigan were transferred to Yvetot from Belgrade after their recovery from typhus. The greatest change came, however, on August 15, 1915, when the French Government requested Dr. Fitch and the American nurses to take charge of Military Hospital No. 43 bis, at St. Valery-en-Caux, a little Norman fishing town on the Channel, between Dieppe and Le Havre.

The nurses at once fell to work house-cleaning their new hospital. Strenuous days and nights followed. Only two of the nurses were independent of their salaries; eight of them, however, decided to remain on at St. Valery-en-Caux without remuneration after the Red Cross had recalled its foreign units on October 1. Miss Delano cabled that the nurses might retain their Red Cross equipment. Miss Nelson acknowledged this gift and in the same letter described how heavy their work had become:

> With our constant influx of seriously wounded men directly from the front, it was almost impossible for us here in this little village on the coast to obtain uniforms and aprons immediately. Over at home such a supply is a simple matter, but here it is very different. You will appreciate that our entire thought, time and energy has been given to the work itself, to the care of the wounded and the management of the hospital.
>
> It is now long past midnight and common sense reminds me that at least six hours of sleep are necessary. We all seem to have grown accustomed very easily to longer hours of duty. At last we have the work we hoped to find!

During the autumn, 1915, Miss Nelson built up a strong nursing staff at St. Valery-en-Caux. To supplement the eight from Yvetot, she secured three "casual" American nurses, two English sisters and nine partially-trained women. The capacity of *Hôpital Auxiliaire No.* 43 was then raised from sixty-five to one hundred and sixty-one beds. Besides directing the nursing staff, Miss Nelson had charge of the operating-room. The surgical department had been greatly strengthened by the

acquisition of a portable X-ray plant, with an electric generator, from the French *Service de Santé*. With the increased nursing strength and with this excellent equipment, Dr. Fitch's hospital received a monthly average of one hundred and fifty patients. In a letter written October 26, to Miss Delano, Miss Nelson told of the pressure under which they worked:

> I scrubbed up shortly after three P. M. and had my gloves off only about half an hour for a bite of dinner in the sterilizing-room about eight that evening. It was four-thirty the next morning before we finished, only to begin again that afternoon. As ever so many of our *grands blessés* are bad joint wounds, the work in the wards does not lighten.
>
> The nurses have borne up remarkably well under the strain. Dr. Fitch is very considerate. He planned no operations today and placed his big car at our disposal. The four night nurses went driving this morning and six others will get the air the rest of this afternoon.
>
> Until we have more nurses, it seems unwise to take more patients or to open our convalescent hospital of thirty beds at Veuille-les-Roses. We need it though, for it is hard to start these boys away to other hospitals for their convalescence just when they begin to pull up. Such wounds as I have never seen before and I thought I'd seen horrible ones,—shattered hips, knees and shoulders all calling for expert nursing care.

Whenever there came a lull in military operations *l'Hôpital Auxiliare No. 43 bis* drew patients from the surrounding country, or nursed the saddened Belgian refugee children in nearby orphanages. Three of the American nurses returned to the States during the spring but Miss Nelson, Helen Kerrigan, Josephine Clay, Helen Spaulding and Marion M. Rice remained.

Here, during the summer of 1916, ended the letters and records which tell of the events of the Yvetot Unit. The little hospital at St. Valery-en-Caux continued to render yeoman service during the crucial winter of 1916-1917. Nearby Amiens was the Headquarters of the British Expeditionary Forces. The enemy was massing his strength against Verdun, while the Allies hung breathless on the outcome of that savage assault. Pounded by every type of artillery fire, shattered by shrapnel, mowed by machine guns, poison-gas and *Flammenwerfer*, France during these months was holding the heights

of Verdun at a total cost of 550,000 casualties among her picked soldiery, some of whom lay unburied among the craters on the shell-plowed slopes, while others came straggling back through casualty clearing stations to the French and Allied bases. How gallant a part the American staff of *l'Hôpital Auxiliare No. 43 bis* played in later Red Cross endeavor will be found in a subsequent chapter.

When the American Red Cross had first offered its medical and nursing units to Europe following the declaration of war, Belgium had asked only for supplies. The Belgian Red Cross mobilized with Albert's Army, but no sanitary organization could cope with the wounded which flooded back to the coast towns of the Channel and the North Sea. By February, 1915, Albert with his forty thousand Belgians held a strip of land forty miles long and ten miles wide from the Yser to Holland. Directly in the path of the Taubes, at La Panne, Belgium, the Belgian Red Cross was reorganized and from this unconquered territory on February 21, came their appeal to the American Red Cross:

> We need about twenty or thirty nurses, four or five surgeons, one thousand beds complete with sheets, covers and rubber sheeting, tents for housing one thousand beds; tents for personnel and large quantities of surgical dressings, tetanus serum.
>
> (signed) DePAGE.

Antoine DePage, a surgeon of Brussels, and Lieutenant-General Melis, Inspector General of the Health Service of the Belgian Army, headed a committee appointed by King Albert to organize Belgian Red Cross field hospitals. While Dr. DePage was building the pavilions of *l'Hôpital de l'Océan* on the sand-hills four miles above Nieuport, Madame Marie DePage, his wife, made a flying tour of the principal cities of the United States to raise funds to support this medical city of twelve hundred beds. In response to her solicitation, the American Red Cross pledged itself to support two units, of three surgeons and twelve Red Cross nurses each, at La Panne, as it had done in 1914 for England, France, Russia, Germany, Austria and Serbia. National Headquarters also donated two complete field hospitals and $20,000 for their maintenance. On April 17, 1915, Belgian Units Nos. 1 and 2 sailed on the S. S. *St. Louis* for Liverpool. Dr. Albert R. Goodman had

been appointed senior director of the two units, but was obliged in London to return to the United States and Dr. Robert Hinds, of Buffalo, succeeded him there. Dorothy M. Ferree, of the Henry Street Settlement, New York City, and of Phipps Institute, Philadelphia, was general supervisor of the twenty-four nurses.

Under the shadows of war, the Belgian units were delayed three weeks in London. Already *l'Hôpital de l'Océan* was being shelled and it was deemed unsafe to send additional personnel there. Dr. DePage came over to England in May to consult with the director of the Belgian units and to welcome his wife on her expected return from the United States with drafts for $100,000 which she had raised for Belgium's soldiers. Her eagerness to reach La Panne had made her disregard Germany's warning to the passengers scheduled to sail on the *Lusitania* on her last fatal trip. The giant liner was sunk and the body of Marie DePage was recovered and was brought in to her husband on the docks. Payment of the lost drafts was cancelled and the fruits of her labors were later sent over by a more fortunate courier, but the American nurses in London were not soon to forget that earnest, intelligent, eager little woman who had waved good-by to them in New York with her smiling farewell: "I am here so that you can be there."

Dr. DePage brought his wife's body to La Panne on May 20. The Belgian Units Nos. 1 and 2 had left London the day before for the beach-hospital. From Dieppe to Nieuport-les-Bains, they found themselves veritably in the war zone. At Forges-les-Eaux, where they spent a night at a hospital which sheltered three hundred wounded, they found hotels, busses and trains operated entirely by women and convalescent soldiers. Calais was in total darkness. A Frenchman guided them with a small pocket flashlight to motors which carried them to a school-house; there they spent the night on iron hospital cots which now filled every available building. Miss Ferree described the fifty-mile ride in ambulances to La Panne, May 19:

> The roads are well guarded everywhere; thirteen sentries stopped us to see our passports. At noon we drove straight through the ruins of Dunkirk.
>
> La Panne has one long street into which run several smaller ones. The houses appear to have been set down care-

lessly in the sand. The beach and sea are beautiful, but all else is desolate among the ruins of shelled villas.

The streets swarm with soldiers in from the trenches. The population seems to have swollen overnight from two thousand to ten thousand. Here too, all lights are put out at night and curtains tightly drawn.

Marie DePage was buried among the sun-bleached dunes of the shining beach near *l'Hôpital de l'Océan*. Between double lines of soldiers moved the flower-covered casket, followed by American, British and Belgian nurses. Dr. DePage, accompanied by his two sons, who had come in from the trenches for their mother's funeral, marched with officers, Belgian nobility and foreign medical units to the lonely grave, then returned with resolute countenance to carry on the work for which his wife had given her full, joyous life. The first year of the war did not allow Belgium's citizens the luxury and comfort of prolonged grief,—there was too much to be done.

As viewed from the sea, *l'Hôpital de l'Océan* rose high above the white sands on the sloping beach. A summer hotel had been converted into the main building. Four large temporary pavilions, lightly constructed of wood, with corrugated iron roofs on which huge Red Crosses had been painted, had been erected around it to form the wards. Surgeons and nurses were quartered in summer villas, taken over by Dr. DePage. "The hospital is very complete," wrote Dr. Hinds, the director of the two Red Cross units, to Major Patterson, "it has two steam laundries, a bacteriological laboratory, a small steam sterilizer, and an instrument-maker who manufactures from steel strips excellent operating-knives and even nickels them afterwards." A newly-installed bath system of twenty-four tubs bathed five hundred soldiers a day who came in relays from the front. One regiment was always quartered at La Panne; after scrubbing up, the men received clean underclothing and their uniforms were de-loused and mended.

Miss Winch, an English nurse of tact and executive ability, was Matron of the hospital. Her staff consisted of well over one hundred and fifty French, English, Belgian, Canadian, American, Danish and Swiss nurses, speaking many different languages, and trained under different customs. The hours of duty were from 8 A.M. to 8 P.M., with two hours off, besides ample time for meals and four o'clock tea.

La Panne lay in the coveted road to Calais which commanded

the control of the Channel beyond. Three lines of defense stretched their barbed wire entanglements and sand bulwarks between *l'Hôpital de l'Océan* and the enemy. No one could wholly understand during the summer of 1915 just exactly why the Germans did not blow the hospital-city entirely off the shell-cratered beach. Some said the enemy would not harm Elizabeth of Belgium, whose days were spent among the wounded.

It was quite a formal occasion when the Queen of the Belgians visited the pavilions. Nurses and all patients whose strength permitted, remained standing while Elizabeth distributed chocolate and cigarettes. Dr. DePage carried "the smokes" and Miss Ferree the candy. A lady-in-waiting always followed the Queen from ward to ward. Dix, a sparrow which one of the boys had brought from Dixmude, had little understanding of court etiquette. It perched first on Miss Ferree's stiffly-starched Red Cross cap and persisted in remaining there until she shook it off. It flew to Dr. DePage's head, then back to its vantage ground above Miss Ferree's neatly brushed hair, where it sat in dignity until the general laughter of the ward startled it again and it flew to cling with cold thin claws to Queen Elizabeth's hand. "It is remarkable how happy every one is here," philosophized Miss Ferree in her reports to Miss Delano, "and how soon one gets over momentary fear."

Eleven nurses of Belgian Units Nos. 1 and 2 returned October 1, 1915, to the United States after six months' service at La Panne, and their places were filled by nurses whom Miss Delano transferred from Paignton, England, and Pau, France. Sister Vashti Bartlett took Miss Ferree's place as supervisor; Dr. W. T. Fitzsimons, of Kansas City, Missouri, succeeded Dr. Hind as senior director of the Belgian units.

The Americans from Paignton and Pau found life at La Panne vastly more exciting than that among the Devonshire hills or the sunny valleys of the Pyrenees. A fragment of a German shell tore up the bath-room floor of the Albert and Elizabeth pavilion. Another killed nine and injured forty civilians in the street outside. Off-shore the British fleet lay thundering a tremendous response to the long-range German guns. Half with pleasure and half with dread, the nurses watched the great white geysers flung up by enemy shells, suspended for a moment like phantom sails drifting on the blue level of the water. At night they lay awake and listened to the

"coo-ey" of big Berthas singing through the air over their heads. Their own windows were zealously curtained and only a dim candle flickered in the long, silent wards. The night-nurses often paused to watch like summer sheet-lightning, the flashes from the trenches a few miles away. The glow of an occasional star-shell often silhouetted a belated fisherman coming home across the lonely, glistening beach.

Throughout the winter of 1915-1916, Taubes and Zeppelins released their bombs on La Panne as they returned from raids on the Channel ports. Sunday seemed a popular day for bombing because sunshine brought out the crowds on the beaches. The American nurses were not soon to forget the horror that one or two well-placed bombs made. The anti-air craft guns were as noisy as the Taubes, but doctors and nurses no longer left their busy wards to see how many victims the bombing parties caused. Fortunately the weather often kept the air craft behind the German lines. The clinging white fog of the Flanders coast chilled the nurses' heatless rooms. The cold rains and harsh winds sweeping down from the North Sea sent them shivering about the loosely-constructed pavilions. Lydia Shrope could not throw off a lingering cough. When Dr. Fitzsimons told her that she had developed tuberculosis, she returned with Grace Bentley to the United States in February, 1916, bitterly disappointed in having to leave the Belgian service. After a gallant struggle at a private sanatorium and later at Fort Bayard, New Mexico, where the Red Cross had sent her, she died at Fort Bayard, July 14, 1918.

L'Hôpital de l'Océan received only Belgian soldiers and the work was largely surgical. Sister Emogene Miles, who had been in charge of the operating-room at Pau, found the service at La Panne exactly as difficult, as splendidly worthwhile as she had anticipated that war nursing near the front would be. Sixteen beds in a surgical ward which received only serious operative cases were assigned to her. An English girl acted as her aide. Three Belgian doctors were in charge of the ward. "They surely work hard to save these exhausted men," concluded Sister Emogene, "the work is sad and many die. I never before gave so many hypodermics as I do here." Gas gangrene with its fetid, sweetish odor, was omnipresent.

During the early Flanders spring, National Headquarters recalled Belgian Units Nos. 1 and 2, after they had completed a year's service at La Panne. This period of time was equal

in duration to that which the units of the Mercy Ship had spent in service to the other belligerents. The nurses of the Belgian units left La Panne in May, 1916. Some joined the American Ambulance at Paris; others did further war nursing in England; but the majority returned to the United States, where ominous clouds were gathering. On the Western Front, France, Belgium and England faced the "blood bath of the Somme."

Between August, 1914, and May, 1916, Miss Delano alone held in her powerful hands the strands of policy and administration which extended like light steel wires from Washington to the fifteen supervising nurses located in England, Russia, Germany, Austria-Hungary, Serbia and Belgium.

National Headquarters of the American Red Cross was then located in a three-story red brick house on the corner of Seventeenth and H Streets. The Nursing Service occupied two medium-sized rooms and a hall-way on the second floor. The finances of the Red Cross did not permit spacious offices, nor had the beautiful memorial building, furnished by contributions from the government and from public-spirited citizens, been completed. Miss Delano shared a single, bare, high-ceilinged room with her stenographer and her assistant, Anna Reeves. A rusty leather couch stood against the wall on one side; her oak desk occupied a corner. At the back of her swivel chair was a commonplace oak bookcase. Directly in front of her desk was a huge, high-backed wicker chair. By reason of the sunlight slanting in from the windows to the left and behind her, Miss Delano held the advantage sought by many astute executives, of being able to see every change of expression about the eyes and mouths of the nurses, Army officers and volunteers who faced her during the innumerable conferences held in that busy office.

Miss Reeves had been detailed by the Surgeon General of the Army on November 17, 1913, for duty in connection with the selection of nurses for the Red Cross Reserve. She was a graduate of the Philadelphia General Hospital and had joined the Army Nurse Corps in 1910. Upon her assignment to the Red Cross she assisted Miss Delano with the enrollment and helped to recruit and to equip the nurses for the Mercy Ship. Her desk and the typewriter table stood on the other side of the room, between an open fire-place and the main door.

Adjoining Miss Delano's office was the hall in which Marion Oliver, of New York, worked over the much-discussed problem

of the mobilization of lay-women for war service. At Miss Boardman's request, Miss Oliver had come to National Headquarters in 1915 to organize groups of nurses' aides similar to the Voluntary Aid Detachments of the British Red Cross. She was appointed a member of the National Committee on Red Cross Nursing Service in December, 1915, and continued a member of Miss Delano's family until the Red Cross decided that the service of nurses' aides, if such became necessary in the event of war, should be directed by a Red Cross nurse.

The Red Cross Town and Country Nursing Service occupied the second room; here Miss Fannie Clement and her assistants held sway until the removal of this section in July, 1916, to the Mills Building. In a small attic room upstairs, the files of the National Committee, then containing the names of six thousand enrolled nurses, were handled by a Washington nurse, Lily Kanely, of the New Haven Hospital Training School, who also assisted Miss Oliver in the details of examinations and certificates of Red Cross instruction in Elementary Hygiene and Home Care of the Sick.

Equal simplicity existed in other departments at National Headquarters. Miss Boardman was the guiding spirit of the organization. Major-General George W. Davis, U. S. A., retired, was chairman of the Central Committee. Mr. Ernest P. Bicknell, formerly of the Chicago Bureau of Charities, was national director; his duties kept him in Europe the greater part of 1914-1915. In a large room on the first floor Major Robert U. Patterson, Medical Corps, U. S. A., detailed by the Surgeon General of the Army to the Red Cross, was chief of the Bureau of Medical Service. Mr. Charles L. Magee was secretary of the organization and also acted as disbursing officer for the treasurer, the Honorable John Skelton Williams. The pay-roll for the entire National Headquarters, including the clerical staff and a single messenger, contained barely fifty names.

Miss Delano's official family numbered ten members and an efficient yet informal group it was. Although she was throughout her Red Cross labors a full-time volunteer, Miss Delano appeared every morning at nine o'clock; often her arms were full of flowers and bright leaves for the vases on her desk and bookcase. Her singular graciousness of personality pervaded the dingy rooms and evoked from her staff an interest in the Nursing Service which prompted them to work cheerfully after

office hours and during holidays if need existed. "When you'd once really seen her big heart underneath," said one of her assistants, "you never noticed afterwards how impatient she got with you, or how late she asked you to stay." She often brought her "live stock" to the office. On such occasions her secretary took complete charge of her parrot, bequeathed Miss Delano by her mother. Polly could not be left alone in the apartment on Biltmore Street, when her mistress was on one of those flying trips to New York, nor could Patrick, an Irish terrier, then on an indefinite visit to Miss Delano, though the property of an intimate friend. Patrick often sat in the wicker chair, watching the Mount Pleasant cars swing up Connecticut Avenue from H Street, or crawled across the rugless floor to lick the shoe polish from the glistening boots of Army officers who came to interview his hostess.

Warmth of personality characterized Miss Delano's attitude toward every one with whom she came in contact. Her letters to her supervising nurses brimmed over with cordiality and a boundless interest in their welfare. At the time the Red Cross Ship sailed, she equipped with her own hands all members of the various units. She made innumerable visits to the offices of foreign consuls and representatives that the nurses' passports might be viséed. She held earnest, protracted conferences with her supervisors, warning them with almost prophetic insight of the troublous days ahead of them. A phase of her many-sided personality was shown in a letter (May 4, 1915) from Helen Fidelia Draper, herself a stanch friend of the Nursing Service:

> I expect it may have seemed almost too much of an effort for you to come to my house last Friday afternoon. I felt this especially when I saw you dressed in "your best party clothes." I, too, feel repaid each time we welcome the nurses and send them off with a hearty Godspeed.

For many nurses who sailed in intervals during 1915 as well as for those of the Red Cross Ship, Miss Delano's handsome figure as she waved good-by from the docks or from the deck of a tug-boat, was often their last definite impression before distance or perhaps a mist of tears blurred their vision.

That her "lambs" were now far removed from her immediate solicitous care, dismayed Miss Delano not a whit. She and Miss Reeves and her secretary packed on the leather couch

in her office the big wooden Christmas boxes which she sent to all the foreign units. With her own money and an even greater expenditure of thought, she bought the articles which went to fill them. The contents of one such box are enumerated in her letter to Vashti Bartlett, at La Panne: four dozen cans malted milk; six dozen cans condensed milk; four dozen cans cocoa; four dozen cans coffee; one thousand beef cubes; four dozen cakes sweet chocolate; two dozen cakes toilet soap; two dozen tubes tooth paste; two dozen toothbrushes; one dozen sweaters. Not content with this, she wrote to the families of the nurses then in active service that the Red Cross would gladly send their presents through official channels lest they be lost in the unsettled shipping conditions.

Many of the nurses' salaries (sixty dollars a month) were met through the generosity of Chapter and individual members of the American Red Cross. Letters written by Red Cross nurses to these donors formed one of the strong personal bonds by which Miss Delano endeavored to unite ardent supporters at home with Red Cross workers in the field.

Two hundred and fifty-five nurses including the one hundred and twenty-nine of the original units and the additional one hundred and twenty-six others who relieved them, were engaged in war nursing between August, 1914, and December, 1915. Miss Delano vigorously denied in a letter written April 9, 1915, to the editor of *The Survey,* the rumors of atrocities current at that time:

> I am indeed glad to reassure you that so far as we have been able to determine, no Red Cross nurses from any country have met with the mutilation spoken of so frequently. Of the treatment experienced by our own units, there is absolutely no truth in any such reports.
>
> One of our units was in Belgrade when that city was captured by the Austrians; thousands of soldiers poured into the hospital and were cared for in the same wards with the Serbians already there. The city was recaptured again by the Serbian troops, again by the Austrians, and the American Red Cross remained inviolate.

Miss Delano felt an intense personal responsibility for the nurses' health. She was greatly distressed that their rooms were so often without heat, as a letter of thanks written January 26, 1915, to the Graduate Nurses' Association of Charles-

ton, West Virginia, showed. When cables arrived telling of the typhus epidemic at Gevgeli, her anxiety expressed itself in an immediate, wholly characteristic recommendation to Major Patterson: "May I ask," she wrote, "that six dozen nightgowns, two dozen bath towels, four dozen hand towels, four dozen boxes talcum powder, be ordered for the use of the sick nurses in Serbia and delivered as soon as possible to Red Cross Headquarters, New York, addressed to me, so that I may pack them in a trunk to go over with the next unit of nurses?"

To Miss Krueger she wrote: "I am more than grieved to hear of your illness and that of the other nurses at Gevgeli and am so worried for fear you are not able to get any kind of suitable food. Were it not for fear that there would not be enough nurses to take care of those who are ill," she added, "I should not send other nurses into this danger, but with this thought in mind, we shall probably send additional ones by the first steamer. It often seems to me that I must go abroad at once, if I did not realize so completely that my place is here at Headquarters."

To Miss Gladwin she wrote:

> I am sending over with the unit sailing March 16, garments for the nurses to wear when caring for vermin-covered patients. We have evolved these garments with the advice of people who have lived in these countries. While they are not especially beautiful, I do believe they will lessen the danger of infection.
>
> The skirt is made like Turkish trousers, has little extensions to fit in the top of the shoes, tying tightly around the ankles. The waist has no opening through which vermin could gain access to the body except at the neck and sleeves. These are arranged to tie tightly as you see.

Her extreme practicability, which expressed itself by having these garments made for the nurses, provoked considerable laughter at her expense, in which she would have undoubtedly joined more heartily had she not been so distressed. "The service at Gevgeli has been a perfect nightmare to me," she wrote to Miss Gladwin on April 17, "and I have been actually afraid to read the cables as they come in. . . . I have notified the families of all the sick nurses, as it seems to me they have a right to know the conditions. I am simply heart-broken to think that typhus has extended to your unit at Belgrade."

This intense maternal solicitude did not in any respect, however, imply indulgence. Miss Delano was a stern disciplinarian. To her supervising nurses she wrote:

> Do you think the foreign authorities are pleased with the service our nurses are giving? The only thing that worries me is the possibility of conditions becoming a little lax if our units are not fully occupied. Will you impress upon the nurses the importance of dignified and professional conduct both on and off duty?
>
> Please do not hesitate to write to me quite frequently if you have any worries. Should any unexpected complications arise, cable me. If you think it necessary for the good of the service to relieve any nurses from duty, be assured that I am ready to support any action you may take, even to the extent of sending nurses home. We have many others anxious for European duty, so I do not believe it would be worth while to temporize much should there be any breach of discipline.

Three principal defects in the organization of these pioneer Red Cross units were apparent to National Headquarters in 1916, a realization of which was to save much confusion and unhappiness when the Red Cross organized a medical and nursing personnel a year later upon the entry of the United States into the war. First, when the Mercy Ship sailed, the authority of the chief nurse and the relation of the medical director to the nursing staff had not been defined. Second, some of the nurses themselves did not seem to possess imagination enough to perceive that this condition was due to the speed with which the units were dispatched to Europe and therefore called for even greater exercise of their professional ideal of loyalty to their immediate superior than would have been necessary at home. Instead of endeavoring to live up to this ideal, which was one of the foundation stones of nursing ethics, they took advantage of the geographic separation of the supervisor from the Nursing Service at National Headquarters and were the means of partially disrupting the discipline and lowering the morale of the entire medical and nursing staffs. Third and most confusing, was the effort to enforce Army procedure upon groups of people untrained in its complexities and wholly ignorant of its uses, as were the surgeons and nurses of the S. S. *Red Cross*.

The first manifestation of an absence of *esprit de corps*

presented itself in an open disloyalty between several nurses and their supervisors. This was due in part to a lack of support given by the medical director to the supervisor and in part to the attitude of a few nurses who seemed to regard their foreign assignment as more of a sky-larking expedition than a disciplined war service. Perhaps Miss Delano and her supervisors in their jealousy for the reputation of the American Red Cross Nursing Service abroad, may have set up more rigid standards than graduate nurses, long since freed from the severe discipline of training school days, would brook. At any rate, individual nurses complained to the medical directors of various units and the directors, some of them young men whose service as internes had been completed only a few years before, undertook to adjust this ticklish problem with the supervisors.

But these women had enjoyed many prerogatives and had borne grave responsibilities at home as superintendents of hospitals and training schools. They resented the interference of the youthful medical men in disciplinary matters relating purely to the nursing staff and accused the directors of lack of coöperation and the tale-bearing nurses of disloyalty. The directors then reported their views to Major Patterson, while the supervisors laid their cases before Miss Delano. Lively discussions ensued at National Headquarters. To secure efficient nursing service, Miss Delano maintained, as did her supervising nurses, that the same system of discipline prevailing in every well organized hospital should exist also in the Red Cross organization, that all matters relating to the discipline of the nursing staff should be handled by the supervising nurse through recommendations to the medical officer of the unit and to the chairman of the National Committee on Red Cross Nursing Service at Washington, D. C.; and that the director of the unit should support the authority of the supervisor as long as her services were satisfactory. After thorough investigation, Major Patterson in January, 1915, issued the following letter of instructions to all directors for foreign units:

> All of your dealings with the nurses should be through the senior supervisor. . . . Your surgeons should be instructed to refer all requests for detail of nurses, orders, complaints, or other matters regarding the nurses to you to be acted on by you at your discretion. When these units were originally sent to Europe, the surgeons were instructed to this effect. In other words, if any of the doctors desired

to have instructions given to any of the nurses or to make complaint, such matters were to be brought to the attention of the senior director, who would transmit the same to the supervising nurse, who in turn would give the necessary instruction to the nurses.

The matter of assignment to duty of nurses and their general supervision should be left entirely in the hands of the senior supervising nurse. These instructions do not mean that doctors working with nurses should not give them the usual instructions and orders common between ward surgeons and the physicians and nurses working with them. . . .

If in the opinion of the supervising nurse, any of the nurses under her charge are deficient in conduct or unsatisfactory to her in any particular and she so recommends, you should return such nurses to the United States, merely obtaining sufficient information from the supervising nurse to satisfy yourself that there has been no miscarriage of justice.

As long as the supervising nurse is satisfactory to you, you should sustain her authority on all occasions. If at any time her services are unsatisfactory, she should be relieved from further duty, a temporary supervisor appointed in her stead and this office notified by cable.

A letter written to one of her supervisors, April 28, 1915, outlined Miss Delano's interpretation of these instructions:

It seems to me consistent and necessary for discipline that the director have the power of removal of the doctors serving under him and of the supervising nurse of the unit. So long as the supervising nurse remains in charge of the nurses in the unit, any recommendation made by her should, I think, be accepted by the medical director without question. All the dealings of the medical corps with the nurses, except in the matter of orders for patients, should be absolutely through the supervising nurse and she should be held responsible for the discipline and maintenance of order of the nurses under her. Any recommendations for the removal of a nurse should, however, be made by the supervising nurse through the medical director, unless he should refuse to forward this recommendation. Under these circumstances, I think the supervising nurse would be quite justified in communicating with me direct, although every effort should be made to come to an agreement with the medical director in regard to the recommendation so that after action was taken, the supervising nurse could be sure of his support and approval.

Miss Delano was undeviating in her support of the supervisors, even recommending the immediate recall of individual nurses whose complaints had first brought about the loss of harmony. The following statement of Miss Delano's reasons for her support of the supervisors was contained in a letter written by her to the supervisor of several nurses who had been relieved from duty at the end of six months:

> I think they were a little surprised to find me waiting for them on the dock, but in spite of that they seemed glad to see me. I asked them to report to Red Cross Headquarters as soon as they had arranged for the inspection of their luggage.
>
> They came quite willingly. I asked them to tell me exactly what their difficulties had been. No one seemed particularly anxious to talk and it was only after more or less questioning that they began a discussion of the matter. I was really surprised at the little they had to say. I explained to them my idea of the relation which should have existed between nurses and the director and that the supervisor represented as far as they were concerned the authority of the Red Cross, acting in my place.
>
> I also told them that I felt under obligation to support to the last any supervising nurse unless some definite charges could be brought against her, that it was not a question of the individual but of the principle and that I should have supported any one of them with equal willingness had they been selected as supervising nurse. This seemed to appeal to them as reasonable and just and I am hoping that they went home with rather a different idea of their relation to the Red Cross Nursing Service.

Of the seven nurses who were relieved from duty for insubordination, she wrote: "I have not seen Miss —— nor do I intend to do so until you are in this country. Nothing will be done about disenrollment until both sides of this question are heard." A letter to a nurse, a close friend, who differed radically in opinion from the medical director of her unit, illustrated Miss Delano's impartiality, a quality which commanded the respect of all who knew her well:

> I wish, however, to tell you exactly what I said to Major Patterson, so that you may understand my position. Of course, I know (and so do you) that sometimes you are a little "difficult;" but I realize that in this incident there had

> been great provocation and I think that you know me well enough to feel sure that I have only the good of the service at heart, even though this meant the sacrifice of my dearest friends. I have said that I would not consent to your return, except on your own request, until the arrival of the new medical director. If, when he has looked all the ground over, he feels that your relief will be a benefit to the service, I shall be willing to accept his recommendation.

Had there been time on the part of National Headquarters to establish a definite plan of organization and communication before the units sailed, much discouragement and unhappiness would have been avoided when the units found themselves face to face with these difficulties in the far corners of Europe. Miss Delano appreciated keenly her share of this responsibility. In a particularly trying instance, she wrote to one of her supervisors with singular tenderness and sympathy:

> I do not wish you to feel in any way that your work has been in vain. I am most unreconciled that things have been allowed to drift along to such a futile ending, but if you have had difficulties in ————, I certainly have not been free from them at this end. Never for one moment have I faltered in my support of you and your policy, nor have I doubted for one moment that all would have been well if you had received from the beginning the support due you, not only professionally but personally.
>
> Your letter of discouragement makes me feel as if I had failed you. I have taken the liberty of reading the paragraph of your letter, in which you ask to be transferred to another country as one of the "rank and file" to Miss Boardman. It may comfort you a little to know that she regrets as much as I do all the unpleasant experiences you have met.

Two years later, Miss Delano said to Miss Hay, then returned from Europe, "No one will ever know the difficulties I had in trying to support you supervising nurses, nor what Miss Boardman has done in trying to secure for nurses the proper relationship and authority which she felt was due the Nursing Service in the Red Cross organization."

Among the mass of correspondence at National Headquarters which contains the history of the Mercy Ship, there appears only one letter of derogatory criticism of the nurses as a whole. This estimate was given by a British Matron and it will be

appreciated that she was prejudiced to some degree by national differences in training, precedent and temperament which placed the American nurses working under her in a strange environment, at grave disadvantage: "I think few of them have the real nursing instinct or love of humanity about them," the British nurse wrote, "they are keen on their own comfort. Their theory, I thought, seemed better than ours, but their practice not nearly so finished as that of a *good* English nurse. Their discipline was nowhere and their independence too awful."

Miss Delano responded: "I am always glad to hear both sides of a question and will take up the matter with the supervisors in charge of these units. The service at —— has also tried the very souls of our nurses."

National Headquarters recalled fourteen of the foreign units October 1, 1915. Belgian Units Nos. 1 and 2 remained at La Panne until the completion of a year's service. The Yvetot Unit was no longer under the American Red Cross. In the Annual Report for 1915, Major Patterson stated the reasons for recalling the surgeons and nurses of the Mercy Ship:

> As the war had been in progress for nearly a year, it was felt that the sanitary service of the various belligerent countries, as far as personnel was concerned, should be well organized and that with few exceptions they were in such a position that further assistance of surgeons and nurses from the American Red Cross was no longer greatly needed. This was not true, however, regarding supplies, which it was felt would steadily diminish. These would be increasingly difficult to obtain and, therefore, would continue to be needed in varying amounts by all warring countries.
>
> The money that otherwise would be required for the payment of salaries, travel and other necessary expenses would be saved and the funds thus released would be available to continue the purchase of medical, surgical and other hospital supplies for the Red Cross societies of the belligerents for many months.

Although she had expressed a fervent hope that the nurses should return immediately to the United States, Miss Delano's interest and encouraging letters followed many of them through their further service in Europe. Four nurses remained on official foreign duty in Serbia and Bulgaria. Mme. Slavko Grouitch, wife of the Under-Secretary of Foreign Affairs in Serbia, had requested in July, 1915, that the American Red

Cross organize a unit of two doctors and two nurses to establish in Nish a hospital for infants and young children. Funds raised by Mme. Grouitch were turned over to the Red Cross to defray expenses. With Dr. Louise Taylor Jones, of Washington, D. C., as director, Dr. Catherine Travis, New Britain, Connecticut, as assistant, Mrs. Maud Metcalf, of Bellevue Hospital, and Miss Grace Utley, of Hahnemann Hospital, New York City, as the nursing personnel, the Mabel Grouitch Baby Hospital was opened August 20, 1915, at Nish, Serbia, there to exist for a few brief crowded months.

Dr. Jones had started the dispensary under canvas. The main building was opened October 1. Mme. Grouitch described this first Serbian baby hospital:

> The Serbian Government has given us a really nice building, the former Old Peoples' Home. Over three hundred cases have been treated in the dispensary during these first five weeks. Women walk all night from remote villages to bring their children. It is heart-breaking to see the wretched, absolutely starved little bodies and the fearful cases of hernia due to the poor mother and baby having been uncared for at birth.
>
> The white enameled cribs and beds are the delight and wonder of all. The diet kitchen with its stove and special arrangements, was marveled at with almost religious awe by the peasant women who heard for the first time of the necessary care in the preparation of their children's food. The store-room was viewed with that respect always given to abundance by very poor people.

In September, 1915, after the hospital and clinic were well established, Dr. Jones returned to the United States, leaving Dr. Travis in charge.

In addition to being a hospital center boasting eleven military and civilian institutions, Nish was the seat of the Serbian Government. In nearby Kraguyevatz were located the arsenals. A member of the Grouitch Baby Hospital described the movements of the Serbian troops:

> For ten days the trains have been constantly transporting soldiers to the Bulgarian frontier, train after train, day and night. Miles of men march through Nish. I have waved to them from the hill where our clinic is situated and they answer with a shout. At five o'clock one morning, in the

pouring rain, a train filled to the guards passed by with soldiers standing in straw on open freight cars, all singing at the top of their lungs: "There is my Serbia; There is my home!"

If the wounded are brought back to Nish, our Baby Hospital will at once be turned into a military one. I know we shall take care of the grown-ups with as much zeal as we give the babies. Even if we have soldiers in every bed and on straw stacks in the halls, we will keep the clinic going for the mothers.

The Austrian-Bulgarian offensive was hurled against Serbia early in October, 1915. The Mabel Grouitch Baby Hospital became a field ambulance October 13 and with members of the sanitary commission hastened to the front. Grace Utley described the flying squadron of mercy:

For ten days we were on the firing line, giving First Aid to the wounded on the field. This sometimes meant immediate amputation of a limb, operation on the brain, emergency surgery of all kinds. The bravery of the men was magnificent; for some, one prayed for swift death.

We saw the big guns silence two batteries. The cannonade of the Austrians and Germans was a solemn thing to hear. We evacuated before the on-coming enemy; moving back a station, we set up our tents anew for the wounded, so that our "Front" was a constantly changing one.

We now await here in Nish the arrival of the Bulgars, the Turks, the Germans. Many places around us have fallen; our turn comes soon. The Baby Hospital under the Stars and Stripes and the Red Cross flag goes on until we are called again to the front; or until the floods of wounded turn this into a military hospital; or until the Bulgars shall order us on our walk with thousands of other refugees to a port where a ship will take us home; or until we shall be taken prisoners of war.

Of the lawlessness which broke out in Nish immediately before the Bulgarian occupation, Miss Utley wrote:

The storehouses not under American jurisdiction in Nish were thrown open to the public. The place where automobiles were kept, as well as any other things that could be of use to the enemy, were burned up. Casks of wine were broken open and people carried it into their houses in pitchers, pails, or any utensil handy. Much of it streamed over the mud.

> Even little children were drunk in a short time. Some of the people broke the windows of their own shops and carried away things without discrimination, or simply destroyed them. The powder magazines were blown up at one o'clock in the morning of the fourth of November. Add to the terrific explosions the constant crackling sound of the flames as they licked up the gunpowder; the sight of mighty towers of solid flame here and there and at intervals a fresh explosion! One can realize fully how it might affect men who were ill and weak and helpless. For a short time we had almost a panic within our compound.

Of their sole protection, Maud Metcalf wrote:

> Upon our return from the front, we were requested to take over a military hospital filled with wounded Serbians. We went out to its crowded wards one wet dreary afternoon and by the next morning all the officials had left, leaving us with 1100 patients. We were not the most cheerful people in the world. To our dismay, moreover, we found that we were left without an American flag.
>
> I walked three miles to a village to find all the stores closed and their windows tightly boarded up. After a great deal of talk, a shop-keeper pulled down one board and let me in. I bought some red and white sateen and a little square of blue cloth. Back I hurried to the hospital and we proceeded to make a flag, the other members of the unit cutting out stars while I sewed the stripes together. All of us wondered what our fate would be. I sat up all night to finish it and in the morning we cut off a limb of a tree for a pole, nailed the flag to it, fastened the pole to a window frame and there it hung through sunshine and storm for five months while we stayed at our post.

At half-past ten o'clock on the night of November 7, 1915, the Bulgars and Turks captured Nish and on the next day the Germans came in, 60,000 strong. The military hospital, flying the American and Red Cross flags, remained unharmed and the nurses and surgeons cared without discrimination for the wounded of both the Allied and the Central Powers.

National Headquarters cabled the recall of the Mabel Grouitch Baby Welfare Unit in November, 1915. Maud Metcalf reported in December to Helen Scott Hay in Sofia. Grace Utley and the other Americans returned home during 1916 after many delays.

During the summer of 1915, Helen Scott Hay and Rachel Torrance had undertaken in Sofia, Bulgaria, under gracious Queen Eleanora's protection, the organization of the training school first proposed in 1913. Before taking up the details of this project, it is of interest to read Miss Hay's characterization of its sponsor:

> What Queen Elizabeth was to Hungary, that was Eleanora to her adopted country,—a woman whose constant thought was for the help of her people. But for her wisdom and incomparable strength and fearlessness, the small though convincing demonstration of good nursing methods in hospitals and in home would not have been possible in Bulgaria in 1915 nor probably for long years to come.
>
> Of the German house of Reuss and brought up near Vienna, her family, father, brothers and sisters, were all noted for their kindness and generosity. Her concern for the sick began when the parish priest taught her the simple remedies which she applied in care of the sick poor of the neighborhood. In the Russo-Japanese War, she had good opportunity to learn the value of skilled nursing. During the Balkan Wars, she as Queen was head of the Bulgarian Red Cross and then indeed the lack of good nurses and good nursing schools was impressed upon her. That she at once began to plan how this defect might be remedied is characteristic of her sympathetic desires for her people and of her indefatigable purpose. . . .
>
> In her manner, she was simple and without ostentation and repeatedly surprised even her best friends by her sound wisdom and good sense. There was nothing of the dilettante about her. In questions of curriculum and discipline, she would have been a helpful speaker in any group of nurse instructors. . . . No detail was too insignificant for her attention if it meant someone's happiness or added comfort. A village wedding, an insane soldier, the ambition of an orphan girl for an education,—everything that would help she did at once. Schools for the deaf and dumb, help for the blind, care and cure of the tubercular, a thousand interests big and little were hers and of her strength and her means she gave to the utmost. . . .

Two other women instrumental in the organization of the "Queen's School" were Madame Bakmetieff, wife of the Bulgarian diplomat who was later Ambassador to the United States, and Miss Inez Abbott, director of the Girls' School in Samakov,

Miss Hay wrote of her assignment to Bulgaria and her reception there:

> To Kief early in 1915 came Mr. Bicknell from Bulgaria, where Queen Eleanora had discussed with him her ardent desire to see the School established, even though the times continued unpropitious. As I was then about to return to America, Mr. Bicknell felt that I should go to Sofia and acquaint myself with conditions there; so early in June, 1915, I went to Sofia with the understanding that my mission was only to inform myself of conditions such as would be helpful should the School project be resumed later.
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> From the moment of my arrival in Sofia, the Queen was most hospitable. . . . During the weeks which followed, I visited the Alexander, Red Cross and Clementina Hospitals, met numerous men and women favorable and unfavorable to our plan and had many conferences with the Queen. At this time Bulgaria seemed to me to be singularly peaceful compared with the military Russia I had just left. True, she was still weary from the Balkan Wars and who could tell what the King, Cabinet or Minister might do when faced with the increasingly complicated situation due to the European War?
>
> Scarcely had my first week in Bulgaria passed before I found that the Queen was arriving at the same conclusions I held: that the need was beyond question and that the time was as opportune as it was ever likely to be. "You are here," she said, "and we should begin at once. There will be big difficulties and much opposition but my shoulders are broad."
>
> The plans proposed months before in Washington were that the Alexander (the Government) Hospital of 1000 beds should be used for the practical training and that in turn the Hospital would provide board and lodging for the entire School besides a stipend of 40 levs monthly for each pupil. The Samaritan Society of Sofia were to provide uniforms and textbooks and to work to secure funds for a permanent nurses' home. But times had changed and interest shifted and the only concession which the Queen could get for the School after days of weary effort was the nursing care of one pavilion and that without return of any sort. A private house in the neighborhood was secured for the nurses' home, was fitted and furnished in exquisite taste under her personal direction and all expenses with it, with the pupils' generous uniform allowance and other items came from the Queen's private purse.

On September 15, the School was opened with Miss Hay as Director and Rachel Torrance as assistant. The pupils numbered eight; one of them had had full college training; two had had two years in college; two others were graduates of high schools and the rest had had some years in high school. All were Bulgarian and all but one spoke English. A course of study covering two years and corresponding to the "Standard Curriculum" had been adopted by Miss Hay.

Of the fortunes of the School, Miss Hay wrote:

> On the very first morning of classes, the Queen brought us the news that Bulgaria was on the eve of mobilization, having thrown in her fortunes with Germany and Austria. We must therefore place our pupils at once, she said, in the Alexander Hospital to assist in caring for the soldiers. I begged for a few weeks, even a few days, for preliminary training and we were able to give almost a month to it. In the excitement of a nation going to war, no wonder we found our pupils unusually apt! All day long they made beds and poultices, gave each other baths and simple treatments to the music of a military band or of fife and drum that in the parade ground hard by was continually welcoming troops of war-weary veterans and exuberant recruits pouring in from all quarters of the kingdom.
>
> Then fighting began off to the West and North and we made ready our pavilion at Alexander Hospital. As a good nurses' school, we must stand for the highest standards of cleanliness and order. Scarcely was the last yard of paint scoured white, the last toilet made spotless, the last bed benzined, however, when the German Red Cross with doctors, nurses and vast supplies began arriving in Sofia to take over the direction of all military hospitals in Bulgaria. To Alexander Hospital came the chief, Dr. Goldammer, and his assistants. With our pupils we were left the nursing care of our pavilion. But not for long were we allowed to enjoy our clean quarters. A nurses' school meant to the German direction undesirable complications and (most obnoxious!) division of authority and they would have none of that. So with thank-yous and good wishes all around, our School was transferred to Foteenoff Hospital nearer the center of the city.

Foteenoff Hospital was under the Queen's control and was directed by a sympathetic Bulgarian physician, Dr. Michaelovsky. For five months, the "Queen's School" flourished there,

but early in 1916 Dr. Michaelovsky grew ill and a German physician was put in charge and German Sisters were installed in the operating-room. Miss Hay wrote:

> These were the days of increasing animosity between Germans and Americans. Moreover, German methods of training are wholly different from ours. And again arose the question of divided authority. Sad it was but unquestionably true that the building up of a good nurses' school under American methods was not then feasible. The Queen, too, came to the same conclusions, probably on account of the increasing opposition of the King and Prime Minister to her giving any longer her favor and protection to Americans. So the transfer of the pupils of our school was made and back they went to the Alexander Hospital. . . .
>
> However, the Queen was not the one to relinquish easily a project as dear to her as was the introduction of American nursing methods in her country, so she begged Miss Torrance and me to remain in Bulgaria so that the School might be resumed speedily as soon as the war was over. Even if the Germans did not further desire our services, there were many Bulgarians whom she felt we might assist. And was it not to help these that we had come to Bulgaria? And so it was decided that we could help most effectually in the care of the refugees. In Philipopolos, second city of Bulgaria in size, with a normal population of 60,000 there were a large number of refugees, some the remnants of other Balkan Wars, others just arriving from the Greek and Macedonian fronts where fighting had already begun.

National Headquarters cabled its approval to the change in assignment and authorized Miss Hay and Miss Torrance to spend their small balance of five hundred dollars in general relief work. Miss Hay wrote:

> The plan was that we should work in coöperation with the American missionaries under the American Board; their long residence made them familiar with local needs. We were attached to a local women's organization, the Samaritans, which endeavored to find the neediest sick and supplied them with milk and eggs. The women in this group under the able leadership of Mrs. Stephen Kaltcheff, stood sponsor for us, two strange Americans, and undoubtedly their introduction went far to arouse for us feelings of respect and confidence.

In the disorganization of war days, there were virtually no other social agencies with which to coöperate. During our stay in Philipopolis, a union was effected of several groups representing the several religions of that cosmopolitan city,—Jew, Pravo-Slav, Catholic, Armenian, Protestant, Mohammedan,—and funds were collected, though our work really had little help therefrom. Intentions were of the best but the ideas we stood for were new to the Oriental mind which could not be expected to act upon such short notice.

In Philipopolis, there were two physicians for the city poor, but with enormous clinics daily and with the work of sanitary officers for a prodigious area, they could give little, very little, individual attention to anyone and the person too ill or otherwise unable to drag himself weary miles up the hill to the clinic must get along without the assistance of a physician. Therefore, after the city had been divided into six main parishes, each of us undertook to cover three of them as best we could. Through the "poor lists" supplied by the mayor's office, the advice of the parish priest, rabbi or Mohammedan hodji, we were able to find and to assist many of the most needy. At first we sought them. Soon they sought us and after that the question was how *much* we could manage to give to all who needed help.

The needs and problems were legion and it took careful planning to make our efforts most effectual. The distances were long; there were no streetcars or Fords and the Turkish cobblestones or foot-deep mud was wearisome. Our clientele was a motley one,—as varied as the patches in our Turkish Fatimah's ragged and voluminous trousers. Resident Bulgarians, Spanish, Jews, Greeks, Turks and gypsies; refugees from Macedonia, Greece, Turkey, Serbia, Roumania, each holding himself still a good Bulgarian but marked in dress, in custom and often in religion by the land of most recent sojourn. The Wallachian nomads with their flocks and herds were frequently in our district, always knitting, knitting, on horseback, or walking or standing gossiping with their neighbors . . . To know and become a useful though a very small part in the lives of all these kindly, needy folk was an experience interesting indeed beyond my power to tell.

Every season seemed to bring forth its special difficulties and its special crop of "miseries." Miss Hay continued:

> No sooner had we gotten the epidemic of boils under control than mumps and whooping-cough came along; always we had

scabies and malaria; and starvation that showed in the waxy ashen faces everywhere. Rations were becoming more and more scarce and with the cold months, the great need of soup kitchens was evident. And then came to us from our blessed American Red Cross the sum of five thousand dollars, a princely gift indeed! At once we secured and salted down three big hogs, bought up potatoes, onions and beans and began to unwind the endless meters of red tape necessary to procure through the military authorities flour for our bread to be served with the soup. Securing kitchens and needed equipment was well under way when came a thunderbolt,—we were recalled to America. Facing the inevitable, funds and the soup kitchens were put in the hands of a strong committee who were able to extend their usefulness over the worst of two winters. Visiting nursing was given over to three Bulgarian young women, one of whom had acted as our interpreter and assistant. Two of our old pupils from Sofia assisted for a time and were succeeded by others from the Sofia School for two years or more until lack of funds made necessary the closing of the activities.

Looking back over our work in Bulgaria certainly we saw it not as we had planned; it seemed unfinished and sketchy, the field too enormous for satisfactory accomplishment. But we had helped in a time of great need and that which we had done in the Nurses' School and in our demonstration of visiting nursing was to create a desire in the minds of the people for American methods of skilled nursing.

Of the resolute Queen, Miss Hay wrote:

To Queen Eleanora, it was a sincere grief that war conditions interrupted the development of the School. Still more disappointing was it when we were recalled; for as long as we were in Bulgaria, she felt that we could resume the School as soon as the war was over. Her optimism and consuming wish speak out in the last letter received from her: "God grant that the work established by you may grow and remain in good form, 'til in better times helpful American hands may work at it again!"

In a beautiful garden beside an ancient church on the slopes of Vitosha, guardian mountain of Sofia, lies the good Queen, watching perhaps as she said she would, over her dear Bulgarian children. Truly the memories of her alms and her good deeds arise like sweet incense to immortalize the name of Eleanora of Bulgaria. And as one who gave the impetus to adequate nursing standards in Bulgaria, she de-

serves a worthy place in a history of nursing accomplishment.

Many other nurses had remained in Europe after their official recall in 1915. Thirty-seven volunteers from the units at Vienna, Budapest, Gleiwitz and Kosel went into Russia and Siberia at the request of the German Government to distribute relief to German prisoners. The Russian Government had a similar project under consideration to send American Red Cross personnel to care for Russian prisoners but the plan did not materialize. "No higher tribute," stated an editorial in the *American Journal of Nursing* (October, 1915), "has been paid to the service rendered by our Red Cross workers than this request from two warring countries for a continuance of their services for the benefit of prisoners in exile."

Sister Anna Reutinger was supervising nurse of the German prison units. Dr. Cary A. Snoddy and eight American surgeons composed the medical staff. Before this detachment was relieved during the spring of 1916, they had visited and distributed medicines and supplies to German prisoners at Moscow, Ugresh, Ryazan, Penza, Saratov, Astrakhan, Samara, Orenburg, Omsk, Novo-Nicolaievsk, Tomsk, Irkutsk, Tashkent and Kasan. Sister Anna described to Miss Delano the kind of work accomplished:

> Of the uninjured in transit, we gave comfort and relief to 1734 officers and 11,271 soldiers; of the recently wounded and ill, bedridden and helpless, we aided 788 officers and 24,466 privates; of the incurables we aided 78 officers and 8436 soldiers.
>
> The evacuation hospitals where invalids were concentrated were the school buildings. The recitation rooms and halls were overcrowded with victims of advanced tuberculosis, their beds closely ranged side by side. It was estimated that eighty per cent of the exchange prisoners were affected by this disease, the White Plague indeed! I can never forget their bloodless faces, nor the sound of their hoarse voices beseeching in whispering tones: "Sister, do you think I shall live to reach home? I want only to live one day at home again in Hungary," and then the skeleton hand and arm would steal from underneath the bed clothes in an attempt to take my hand and kiss it for the solace and commiseration offered. The psychopathic cases were usually melancholia or the busy, chattering type, the subject of their mania being invariably the horrors of war.

> Scurvy worked great havoc among the captives. We aided 856 victims of this disease whose teeth had fallen out and who were unable to walk from stiff and swollen joints. In fact, it seemed that every sickness known to civilized man found here a ready prey. A major general suffering from nephritis told me that the lieutenant general to whom he had surrendered was a prisoner in his country and on his return to his home he would endeavor to have his captor released and sent back to Russia. "We are two broken men," he said, "with only perhaps a few months more, which should be spent with our families."
>
> We can readily comprehend the depths of their despondency, returning blind, crippled and ill, many of them to destitute families and many of them to endure in pain and poverty a living, lingering death. We often wondered if our twentieth century civilization was but mockery, or if it had only endowed barbarians with more efficient and ruthless weapons and methods of slaughter. Where, we asked, is the culture, where the loving message of Christianity, where the humanity that can countenance such savage and infamous cruelties? The only answer from this gruesome slaughter-house of hopes and desires was the pathetic prayer of the sufferers for peace.

Although by Christmas, 1915, the Red Cross had closed its foreign program, Miss Delano, as chairman of the National Committee on Red Cross Nursing Service, was in an excellent position to gain a bird's-eye view of almost every phase of war nursing. She saw the American Ambulance which had been established in September, 1914, at Neuilly, France, by the American Ambulance Committee of Paris. Here many American Red Cross nurses were stationed with Margaret Dunlop of the Pennsylvania Hospital, Philadelphia, as chief nurse. She saw the first Harvard Unit serving with the British Expeditionary Forces at General Hospital No. 23. The McGill University and the Chicago Medical units were their close neighbors. From personal letters written by Red Cross nurses scattered with other organizations in all parts of the world, she gathered wisps of information about the nursing situation. Two members speaking for the American Ambulance might well have voiced the feelings of other nurses serving in the war:

> We never saw the flashing battle-line, that arch of bright steel that stretches 300 miles between France and Germany, we did not hear the cannon or long lines of men cheering as

> they swept into action, or the dying horses scream; we saw none of the pageantry of war; but we did get a glimpse behind the scenes of its most real, its most lasting part. We saw the long ambulance trains, those "rivers of pain" running back from the lines; we saw strong men sobbing with agony like children; we saw them crippled, dying; we saw their women struggling alone against anxiety and poverty, pale women with that look in their eyes which comes of sleepless nights and unshed tears; we heard little children crying for the father's love they will never know again. All these things are the necessary routine of war. We have seen and we can never forget.[17]

At the close of this first early chapter of American Red Cross participation in the European War, Miss Delano summed up the value of the service which had been rendered by the American Red Cross nurses:

> Two hundred and fifty-five nurses have been sent to Europe. When we think of the vast number of sick and wounded, the thirty thousand patients cared for by our units seems pitifully small. I do believe, however, that we have established in European countries, where modern training schools for nurses have not yet been organized, a definite standard of nursing, which will surely produce results later.
>
> Our nurses have had a valuable experience which should be of benefit to our own country. *They* have learned how to care for large numbers of patients all weary, ill, hungry and cold and to make them comfortable in the shortest possible time without disturbing the routine of the hospital.
>
> *We* have learned that women can be mobilized without confusion; that their chances of illness when carefully selected seem to be no greater than men's; that they face danger with equanimity. We have learned also the special type of nurse most desirable for service of this kind.
>
> Out of this experience we should be able to do a splendid piece of constructive work for our own country. We should be able to guarantee a satisfactory nursing personnel not only for national relief in time of calamity, but for efficient service should our country be confronted with that greatest of all disasters—War.[18]

For the American Red Cross, the first enthusiasm of world sympathy had spent itself. But an all-shadowing responsibility

[17] *American Journal of Nursing*, Vol. XV, p. 554.
[18] American Red Cross Annual Report, 1915, pp. 44-45.

loomed ahead. Although popular inclination clamored for peace, men and women at National Headquarters stood looking ahead to a day not far distant, when American men might wait in a welter of sand, mud and flesh as the trenches about them crumbled under enemy fire; when American boys might lie in casualty-clearing stations under a Mexican sky or in a Flemish farm-house, tearing at wounds in blessed delirium or biding their turn in stoic consciousness of physical agony.

War, dimly visible through diplomatic and economic events of 1915 and 1916, was hurling at the American Red Cross the challenge of its charter obligation: Look to thine own!

CHAPTER V

MOBILIZATION

National Headquarters Reorganizes—The National Committee on Red Cross Nursing Service—The Committee on Nursing of the Council of National Defense—Special Courses—Special Groups—The Army School of Nursing—The Nurses' Drives—Surgical Dressings—The Nursing Surveys.

The International Conference of Geneva in 1863 recommended "that there exist in every country a committee whose mission consists in coöperating in times of war with the hospital service of the armies by all means in its power." Succeeding to all the rights and properties of the earlier organization, the American Red Cross was reincorporated under Government supervision by an Act of Congress approved January 5, 1905. In the charter of that date under which it still acts are enumerated four purposes of its creation, three of which deal with relief to the sick and wounded of the Military Establishment, as follows:

> First. To furnish volunteer aid to the sick and wounded of Armies in time of war, in accordance with the spirit and conditions of the Conference of Geneva of October, 1863, and also of the treaty of the Red Cross, or the treaty of Geneva, of August 22, 1864, to which the United States of America gave its adhesion on March 1, 1882.
>
> Second. And for said purposes to perform all the duties devolved upon a national society by each nation which has acceded to said treaty.
>
> . . . . .
>
> Fourth. To act in matters of voluntary relief and in accord with the military and naval authorities as a medium of communication between the people of the United States of America and their Army and Navy, and to act in such matters between similar national societies of other governments through the "Comité International de Secours" and the Gov-

ernments and the people and the Army and Navy of the United States of America.

For two years before the declaration of war, April 6, 1917, the Red Cross underwent a period of tensely active but silent mobilization. The experiences of the foreign units, which had witnessed the initial collapse and subsequent reorganization of the sanitary formations of the belligerents, had made clear to the American Red Cross that it must be ready to meet its responsibilities should the United States enter the conflict. Even a year earlier, namely in April, 1914, Miss Delano had begun making plans for an enlarged enrollment. At a meeting of the National Committee on Red Cross Nursing Service held April 24, she requested the State Committees to send to her lists of all training schools in the respective states which fully met the Red Cross requirements; also additional lists of those meeting the requirements only in part. She asked further for lists of nurses who were especially well fitted to serve as (1) superintendents; (2) head nurses; (3) clinic nurses; (4) dietitians.

Under a revision of the By-Laws of the American Red Cross adopted by the Central Committee at the annual meeting in December, 1915, the National Committee on Red Cross Nursing Service, which had been a subcommittee of the War Relief Board, was thenceforth to be appointed directly by the Red Cross Central Committee and to work under its direction. In December, 1915, the members of the Central Committee were: William H. Taft, chairman; Gen. Charles Bird; Mabel T. Boardman; Admiral William C. Braisted; John W. Davis; Robert W. DeForest; Gen. William C. Gorgas; John Bassett Moore; Judge W. W. Morrow; Charles D. Norton; James Tanner; John Skelton Williams. At a meeting of the Central Committee on December 13, 1916, the Surgeon Generals of the Army, Navy and Public Health Service, the presidents of the three national organizations of nurses and a number of other officials designated by title were made ex-officio members of the National Committee on Red Cross Nursing Service. In February, 1917, the National Committee, on its own recommendation to the Central Committee, was increased to forty-six members by the appointment of twenty-three additional representatives from the three national societies of nurses.

The three relief boards, i.e., War, National and Interna-

tional became advisory boards. All activities were grouped under two main departments: Civilian Relief and Military Relief. Ernest P. Bicknell, who had been national director of the organization from his appointment in 1908 became Director General of Civilian Relief and Colonel Jefferson Randolph Kean of the Medical Corps of the United States Army was made Director General of Military Relief.

Col. Kean outlined the scope of the Department of Military Relief in the Red Cross Annual Report of 1916, as follows:

> It has supervision of all the work of the Chapters relative to the various branches of military relief work, such as European war relief, assistance to our own soldiers, instructions in First Aid and Home Care of the Sick, etc.
>
> It deals directly and without the intermediation of the Chapters with the military units such as base hospitals, ambulance companies, hospital units, surgical sections, supply depots and naval and emergency detachments of nurses which are organized with the approval of the Medical Departments of the Army and Navy to reinforce these services in case of war. It administers also all agencies of assistance to the sick and wounded soldiers of foreign countries and to prisoners of war.

These manifold activities were conducted through three bureaus: Major Robert U. Patterson of the Medical Corps of the United States Army, who had been Director of the Bureau of Medical Service from its creation in 1914 was continued as Director; Dr. Theodore W. Richards, United States Navy, was in charge of the Bureau of Supplies; and from September, 1916, Clara D. Noyes was the Director of the Bureau of Nursing Service. Upon the last-named, newly-organized Bureau was placed the responsibility for all work in connection with the selection of nurses for enrollment and the organization of units of nurses for service, the assignment of nurses to duty and all details relating to the courses of instruction under the Red Cross in Home Hygiene, Home Dietetics, the preparation of surgical dressings and hospital garments;—everything, in short, except the public health nursing (then the Town and Country Nursing Service).

The rush of work of every kind during 1916 is indicated in the Annual Report for that year. It shows that membership in the Red Cross had risen from 22,000 to some 300,000

odd and even that was only a beginning. The appointment of Miss Noyes as Director of the Bureau of Nursing was of great moment to the Service. To take up this task of infinite detail, untold anxieties and extreme responsibility, she resigned one of the foremost nursing positions in this country, that of General Superintendent of Training Schools for Nurses, connected with Bellevue and Allied Hospitals, New York City.

Clara Dutton Noyes had had long experience in the administrative work of her profession. Born at Port Deposit, Maryland, she came of Connecticut parentage. Her father had served, as had Miss Delano's, in the Civil War. Miss Noyes was graduated from the Johns Hopkins Training School for Nurses in the class of 1896, where she served for a year after graduation as a head nurse. She was for some years superintendent of nurses at the Hospital for Women and Children, Boston, and later superintendent of St. Luke's Hospital and School of Nursing, New Bedford, Mass., leaving there in 1910 to accept the general superintendency of Bellevue and Allied Training Schools. From 1913 to 1916 she was president of the National League of Nursing Education, and president of the Board of Directors of the *American Journal of Nursing* from 1911 to 1918. As a result of her broad and many-sided interests she brought to the Red Cross a keen appreciation of nursing problems. Professional claims were never ignored even in the intense absorption of her Red Cross work. She became president of the American Nurses' Association in the spring of 1918, serving thus through the trying days of war and demobilization.

On April 3, 1916, Miss Delano first approached Miss Noyes, who was at that time also chief nurse of Base Hospital No. 1, Bellevue, the first unit to complete the organization of its nursing personnel. Miss Delano had hurried to New York to confer regarding the Bellevue and Presbyterian units of nurses, then being detailed with their respective base hospitals. On her return to Washington, she wrote to Miss Noyes:

> Ever since I saw you at Miss Maxwell's, I have been wondering if you really would consider coming to the Red Cross. There is no doubt in my mind that there is wonderful opportunity to develop for this country a service such as we never dreamed of in the beginning. It is a piece of work which needs constant thought and I should be very happy if



Photo. by Harris and Ewing

Clara Dutton Noyes.

by any chance you are willing to consider coming to Washington.

The Director General of Military Relief, Col. Jefferson R. Kean, has under his department two bureaus,—Medical and Nursing Service. Major Patterson is chief of the Medical Bureau and you would be chief of the Nursing Bureau. I should still be chairman of the National Committee on Red Cross Nursing Service, but this committee would become advisory and could be called upon if needed.

For several years Miss Delano had been hoping to free herself from the confining office life which she had led since 1909. Her resignation from the Army Nurse Corps in 1912 to devote her attention undividedly to the Red Cross had been the first step toward this relinquishment of executive detail. Her wish was to establish a capable director of the Nursing Service at National Headquarters and to continue holding her own position as chairman, thus releasing herself from excessive routine. She dreamed, also, of a little home in the country to be prepared for her later years, for she had inherited a love of rural peace and quiet from her New England ancestry. The war pressure now gave impetus to her plan for the office, but banished that for her own future.

Miss Noyes, however, was not at first disposed to give up the work at Bellevue, with its large branch hospitals at Harlem, Fordham and Gouverneur, and its specialized schools of midwifery and of male attendants. On June 1 Miss Delano took up again with Miss Noyes the need existing at National Headquarters for an able organizer and executive. She wrote:

I am still hoping that you will be able to come by the fall and it would be my idea to build up a definite group of nurses who would really be assistants to the "Chief of the Nursing Bureau" or "Superintendent of Nurses" or whatever the new position may be called. This would relieve the Washington Office of many details and would divide the work so that local interest would be maintained, still leaving the direction and final word at Red Cross Headquarters.

We must have a strong woman in Washington! There is too much at stake now to take any chances and I feel in my very soul that you are the person for the place. Miss Boardman adds her persuasion to mine.

A letter written five days later gives a more vivid picture of the press of work at Headquarters, and shows that Miss

Noyes was giving grave consideration to Miss Delano's urgent appeals:

> I am hoping that it may not be necessary for you to come until you can do so with an easy mind concerning Bellevue. It is an awful wrench even at the best to give up such an important work and I am willing to do my share. Things were pretty bad here when the rush first came, for it was difficult to get extra stenographers,—at least good ones. So many of them had gone from the Departments to "the front," —in this case over to Fort Meyer. We are getting on better now and the feeling that you are available if a great need comes makes it all much easier.
>
> We can surely wait through July unless new conditions develop in Mexico and if I keep well, perhaps even longer, so that you too may have a vacation. I am so tired I can scarcely write. Was at the office all day yesterday and Sunday as well.

Miss Delano outlined the new work more definitely in a letter written on the seventh:

> Instructions for enrolled nurses as members of hospital units should be prepared. Outlines are needed for chief nurses who are to undertake the practical instruction of nurses' aides.
>
> Some method should be developed for the inspection of classes of instruction to women so that incapable instructors should not be allowed to continue.
>
> There will be a new course in Dietetics ready in the fall, which will make supervision more than ever necessary.
>
> I believe there is a distinct menace to our nursing standards in the development of this lay personnel unless it is carefully directed and supervised and that at this time no work in the entire country compares with it in far-reaching results or importance. I simply cannot do it alone but will help in every way in my power and as I have said before, am perfectly willing as chairman of the National Committee to support you to the uttermost in any policy which you may think desirable.

Miss Noyes came to Washington on June 13 to interview Miss Delano, Miss Boardman and General Murray, then acting chairman of the Executive Committee, regarding the Red Cross appointment. On June 24 a short note from Miss Delano to Miss Noyes gives a second picture of National Headquarters:

> You can imagine how busy we are and how interesting it is! We have just opened another office across the street [H and 17th] for volunteer workers. . . . They are addressing envelopes and sending out hundreds of form letters. The Chicago Chapter has agreed to employ a nurse and New York is also ready. There is a tremendous piece of organization work to be done and *your country* certainly needs you!
>
> I am trying to be patient, for I am sure you will do what is best, but you cannot know how many times a day I long for your cool judgment and wise counsel.

Miss Noyes accepted the directorship of the Bureau of Nursing July 24 and came to Washington September 10, 1916, to devote her whole time and all her powers to the Red Cross. A woman of clear judgment, of excellent organizing ability and jealously ambitious for her chosen profession, she was wholly relied on by Miss Delano, with whose more intense and dramatic nature the exceeding reserve of Miss Noyes was in striking contrast. Under the cool poise of her outward bearing there was a naïveté and warmth of personality, only appreciated by those who knew her well. Like Miss Delano, she was tall and of commanding presence. Like her, too, her gray hair became snowy white during her Red Cross labors.

The nursing staff now numbered five, not including the Rural Service. Besides Miss Delano, Miss Noyes, Miss Reeves and Josephine Johnson, Katrina Hertzer, a member of the Navy Nurse Corps, who had served with Unit E at Budapest, was detailed on September 20, 1916, by the Bureau of Medicine and Surgery of the Department of the Navy to act as *liaison* officer between the Navy Nurse Corps and the Red Cross, at that time organizing Navy base hospitals and detachments. Miss Hertzer was born in Ohio and was a graduate of the Illinois Training School for Nurses. Before her assignment by Surgeon General Braisted to the Red Cross, she had been superintendent of nurses of the City and County Hospital, St. Paul, Minn., and chief nurse, U. S. Naval Hospital, Chelsea, Mass.

On the 25th of January, 1917, the Red Cross Headquarters organization moved from its old location to the beautiful building on Seventeenth Street facing Potomac Park, which was erected as a memorial to the "Heroic Women of the Civil War" and dedicated as the administration headquarters in perpetuity of the American Red Cross. In common with the other de-

partments the Nursing Service had completely outgrown its old quarters.

Singularly appropriate is this Georgian-Colonial structure of Vermont marble, set opposite the ellipse of the White House, the second in that fine chain of buildings which extends down Seventeenth Street to the Tidal Basin. On its left is the Corcoran Gallery of Art; on its right, Continental Memorial Hall, belonging to the Daughters of the American Revolution, and just beyond that is the Pan-American Building. Its history goes back to the Civil War, to two of Lincoln's volunteers of 1861, Francis Barlow and James Scrymser. Sergeant (later General) Barlow was wounded at Antietam and again at Gettysburg. His wife, a member of the Sanitary Commission, went to the battle line to nurse him, there contracted typhus and died, 1864. To her husband, she typified the spirit of women in war time and in 1896, not long before his death, Major General Barlow prophetically said that some day the nation would build a fitting monument to the women of the Civil War. His friend, Captain Scrymser, heard his words and was afterwards one of the guarantors for the amount pledged for the building. The story of how the memorial was assured and built may be read in Miss Boardman's book "Under the Red Cross Flag."

On the first floor to the left of the stairway Miss Delano and Miss Noyes shared two spacious rooms, green-tinted, with books and photographs, soft-toned rugs and dark solid furniture, all in marked contrast to the scarred oak desks and worn floors of the H Street offices. Miss Delano then matched her one wicker chair by others equally comfortable. She often received contributions from friends who were interested in the Nursing Service and these went into a special fund for equipment, books, or other things connected with the welfare and comfort of Red Cross nurses.

The volume of routine work of the Nursing Service at this time was outlined by Miss Delano in a letter written on August 31, 1916, to Miss Boardman:

> The only thing that troubles me is the question of room in the new building and I am wondering if by any chance it will be possible to have the small room which you had planned to give to Miss Oliver for Miss Reeves and the nurse from the Navy if she comes. I shall have to put a part of the clerks in the room where the files are. We have two permanently

> for the class work and have been obliged to employ a third to help out with the additional work. It takes the time of one clerk for the surgical supplies and patterns, and should need a second clerk but for the fact that we have been able to use volunteers in that office. It takes the entire time of one clerk for the work of the base hospital units and emergency detachments, with occasional help from others when the pressure of work comes in. Unless the work decreases more than I have reason to expect, I do not see how it will be possible to get on. We shall have more people, judging from present indications, than the top floor will accommodate. I am greatly worried and only wish you were here so that I could talk it over with you.

To the third floor, nevertheless, went the Town and Country Nursing Service, the clerical force, class instruction and the files of the National Committee. The paraphernalia of surgical dressings was ensconced on the balcony overlooking the Assembly Room. Even this stately conference chamber had been divided into offices, one of which Miss Hertzer at one time occupied. Temporary partitions shut off the Tiffany memorial windows and stenographers from every corner of the United States flocked daily to their crowded desks there, while waiting for better locations. Though the Nursing Service retained the two large offices on the first floor, the attachés and clerical force, in turn, moved from the attic to the basement, from the basement to the First Annex, from the First Annex to the Third and finally brought up in 1919 in its present home in the permanent Fourth Annex, before its mushroom growth could be accommodated.

To aid Miss Noyes in the assignment of nurses and the standardization of surgical dressings, Vashti Bartlett, of Johns Hopkins, came to National Headquarters in March, 1917. Miss Bartlett had begun her Red Cross service during the Dayton flood; she was a member of Unit A at Pau, and of the Belgian units at La Panne. Her reply to Miss Noyes' request that she come to Washington, brought a smile to the lips of the overworked Director of Nursing.

"Will you answer a Macedonian call?" Miss Noyes had wired.

"I will have to consult my family," replied Miss Bartlett, "before undertaking further foreign service, especially in Greece!"

On April 6, 1917, the United States entered the World War. Immediately Red Cross Headquarters was flooded by correspondence. Stimulated by events, nurses from all corners of the United States were volunteering. Immense development took place in every branch of Red Cross work. On the 10th of May, 1917, President Wilson had appointed a War Council for the American National Red Cross.[1] Their first task was to raise the vast sum of money needed.

The personnel of the Nursing Service was now greatly enlarged. Anna W. Kerr, who had been one of Miss Delano's classmates, came to Washington to take over the examination of all applications for enrollment. Miss Kerr had been assistant at Bellevue when Miss Delano had been superintendent of nurses there. For eleven years she had been director of nurses of the Bureau of Child Hygiene, Department of Health, New York City. Her devotion and great faithfulness to Miss Delano did not end with the death of her life-long friend.

Agnes G. Deans, well known to American nurses as a former secretary of the American Nurses' Association, came, on June 11, 1917, to the office of the chairman of the National Committee. Her knowledge of nursing organizations and training schools throughout the country was of the utmost value to Miss Delano in the first Red Cross nursing survey. A graduate of the Farrand Training School for Nurses, Harper Hospital, Detroit, Michigan, Miss Deans was a pioneer public health nurse, having done visiting nursing in Michigan and Minnesota. She was assistant to the director of the Department of Nursing until July 1, 1920; six months later, she became director of the Social Service Department, Washington University, St. Louis. A devoted friend of Miss Delano, Miss Deans was an able executive and a loyal upholder of the best ideals of her profession.

The organization of the base hospitals included a dietitian and her assistant. Public opinion in all parts of the nation demanded general instruction in the elementary principles of home dietetics and food conservation, of vital importance to a nation at war. Elva Anne George, a graduate of Pratt Institute, came to the Bureau of Nursing on July 27, 1917, to

[1] The original members of the War Council were: Henry P. Davison, chairman; Charles D. Norton, Major Grayson, M.-P. Murphy, Cornelius N. Bliss, Jr., and Edward N. Hurley, with William Howard Taft, chairman, and Eliot Wadsworth, vice chairman of the Central Committee, ex-officio.

take charge of the mobilization of dietitians for the base hospitals and to supervise class instruction for women in the Red Cross course of Home Dietetics.

Helen Scott Hay was the next nurse to join that strong group brought by Miss Delano to National Headquarters. She and Rachel Torrance had had an eventful trip home from Bulgaria, following the declaration of war by the United States. The organization of the base hospitals, which called for twenty-five nurses' aides for each one, had given great impetus to the class work in Elementary Hygiene and Home Care of the Sick. Miss Noyes' duties in the selection and assignment of nurses were multiplying to dimensions beyond the control of one individual. Miss Hay accordingly came to Washington in July, 1917, as director of the newly-created Bureau of Instruction.

In January, 1918, Miss Hay resigned from the Nursing Service to undertake at the request of the Surgeon General some special work for the Army Nurse Corps and Harriette Sheldon Douglas, a graduate of the Roosevelt Hospital, New York City, became director of the Bureau of Instruction. At this time, the scope of this Bureau was broadened to include the assignment of nurses' aides to foreign services and the name of the Bureau was enlarged to that of the Bureau of Nurses' Aides and Instruction.

With Miss Douglas there came an interesting link with the Civil War days, for she was the daughter of the late Dr. John Hancock Douglas, attending physician during General Grant's last illness, who was also one of the three associate secretaries and Chief of Inspection of the Sanitary Commission during the Civil War. Though she had not been engaged in active nursing for some years, Miss Douglas volunteered her services to the Red Cross in the early winter of 1917. Her appointment to the Bureau of Nurses' Aides and Instruction was a particularly happy one, in that she combined the viewpoint of both the laywoman and the nurse. Slender and spirituelle, a flame of ardor in earnest eyes lit the view Miss Douglas had so clearly of the human creature in every lonely and neglected patient. As a sister of Bishop Harding of Washington, she was also in a particularly fortunate position to bring to the support of her work the interest and enthusiasm of many Washington women.

Lucy Minnigerode (Bellevue) joined Miss Noyes' staff in August, 1917, to take charge of the special units then being

organized for the War Department and for Red Cross foreign commissions. She too had sailed on the Mercy Ship, serving in Kief; she too was intensely devoted to Miss Delano. She continued her Red Cross work until December, 1918, when she undertook a supervisory tour of the U. S. Public Health Hospitals, later becoming superintendent of nurses of the U. S. Public Health Service. Absolutely fearless, impulsive and outspoken, devoted to her friends, resolute toward opponents, in Miss Minnigerode were found many attributes of the typical pioneer.

The Town and Country Nursing Service had as its Director Fannie Clement and later Mary S. Gardner and Elizabeth Fox. An account of this Service and its leaders will be given in a subsequent chapter.

Other nurses who assisted Miss Delano and Miss Noyes at National Headquarters at various periods during the war were Lyda Anderson, Florence Patterson, Virginia Ward, A. Maury Carter, Adeline H. Rowland (Mrs. Robert Gourlay), Josephine Johnson, Sarah Addison, Barbara Sandmaier, Lulu J. Justis, Charlotte Brewer, Adelaide Tennant, May Claypool, Charlotte Garrison, Elsbeth H. Vaughan and Marie Roder.

In that memorable summer of 1917, thousands of letters inundated National Headquarters. Many were deeply touching in their genuine desire to help; others were full of war-hysteria; some were shocking in their unconsciously displayed reversal to the frame of mind of the massed audiences at thrilling moments of the gladiatorial combats of the Coliseum:—all effervesced with "patriotism." One woman stated as her chief reason for volunteering that "her family had always taken an active part in disturbances of the nation." Another wrote:

> Will you accept my services as an unprofessional nurse? I am a woman 35 years old, have a quiet disposition, a clean character and always keep my nerve under some very trying circumstances. I work every day on a milk wagon, so you see I am strong and not lazy.

A commercial firm wrote:

> Kindly furnish us with lists of names and addresses of the nurses who are members of your organization.
>
> Upon receipt of your reply, we will be pleased to send you a full-sized bottle of our best grade of malted milk for your trouble.

The flood of letters had, indeed, begun even a year before, and was stemmed very largely at first by the steady work of volunteers. Of the first staff of faithful volunteer helpers, Miss Delano had written:

> During the summer of 1916, there was such an enormous increase in the correspondence coming to the office of the chairman of the National Committee on Red Cross Nursing Service, that it was found impossible to conduct the work without a great increase in the office force. Believing in the desirability of utilizing volunteer workers for Red Cross service, we asked for the assistance of various groups of women who had had our course of instruction in Elementary Hygiene and Home Care of the Sick and others interested in Red Cross work.
>
> Among the first to volunteer were Miss Joan Ohls and Mrs. Callan O'Laughlin, who came to us when the pressure of work was greatest, and helped us to conduct a mailing bureau through which thousands of letters and circulars were sent out. Both Miss Ohls and Mrs. O'Laughlin came to the office daily through the greater part of the summer.
>
> Mrs. G. S. Meloy and Mrs. Richard Wetherill, of Lanham, Maryland, came regularly for several months, giving to the Red Cross an entire day each week. They were of the greatest assistance, as they helped in many details of office work requiring a high degree of accuracy. They were assisted from time to time by Mrs. F. N. Wells, Mrs. Edgar Brown, and Miss Cross, also of Lanham, Maryland; the Misses Stewart, of Washington, D. C., and Miss Eugenie J. Cuthbert, of Chevy Chase, Maryland.
>
> Mrs. Robert Walcott Weeks devoted practically the entire summer to Red Cross work in the office of the chairman of the National Committee on Red Cross Nursing Service, coming as regularly as any other member of the office staff, assisting in every way possible.
>
> The Misses Mahan, Haas, Lloyd, Hardy, Harvey and other enrolled Red Cross nurses came frequently as volunteers and Miss Lucy Minnigerode devoted her afternoons to Red Cross work, taking as her special task the sending out of appointment cards and badges to enrolled Red Cross nurses.

Volunteer secretaries of this calibre were regularly available through the crisis and many were called upon.

By September, 1917, more than 5,000,000 people had been enrolled as Red Cross members; by December, there were 22,000,000. Chapters, numbering 562 when war was declared,

totaled 3,700 one year later, with a quota of 8,000,000 volunteer workers, a man-woman-and-child power such as no other organization in the world could claim. This brought, however, an incalculable amount of detail to National Headquarters, which would have been entirely "swamped," had not the War Council created the new organization plan called "decentralization, with Division offices." National Headquarters had maintained a branch office in New York City as early as 1912, the budget appropriations for which were contained in the Minutes of a meeting of the Executive Committee held December 30 of that year. As the need for Red Cross disaster relief increased, the following action was taken by the Executive Committee, meeting October 31, 1913:

> Mr. Bicknell then presented to the committee a suggested plan for the extension of the administrative efficiency of the Red Cross in organization and emergency relief. The plan, as outlined, involved the employment of four Division directors or superintendents, to be stationed in each of the following points: San Francisco, Denver, Chicago and New York or Washington. . . . After some discussion by members of the committee, General Torney moved that the tentative plan submitted by Mr. Bicknell be authorized. Motion seconded by Mr. Tanner and adopted.[2]

When imperative need for greater administrative machinery arose in 1917, the new "decentralization plan" elaborated this principle through thirteen instead of four districts. It was described by Mr. Davison as follows:

> The word "decentralization" in this case resolved itself into the partitioning of the United States into thirteen divisions, each division a smaller Red Cross, with all its departments and bureaus under a divisional chief and a force complete in every detail with the various lines of endeavor firmly and clearly outlined. When once the foundation was complete, the War Council had no more to do with the Chapters or any of their activities, save in the way of judging the needs, devising methods and fixing standards. The Chapter's business was regulated in the department to which it belonged by the divisional officers. The Division manager was . . . to his division what the general manager in Washington was to the entire organization. Washington Headquarters was now free to proceed with the handling of the larger problems

[2] Minutes of the Executive Committee, American Red Cross, page 368.

which were daily growing to greater magnitude and importance.[3]

Miss Delano and Miss Noyes appointed in each Division prominent nurses who handled all nursing details in their immediate states. Only vital questions of policy were referred to National Headquarters. This group of "Division Directors of Nursing," representing as it did strong women of recognized standing in their districts, comprised the very backbone of the Nursing Service. Through their hands passed all applications for enrollment received from Local Committees, all management of class instruction, public health nursing, early surveys and other details. On their shoulders rested the ultimate responsibility of recruiting the many thousands of nurses requisitioned by the Surgeon General. To them came, too, the well-nigh overwhelming demands for nurses for the influenza epidemic.

Miss Delano outlined thus the relation of the nursing representative to the Division manager and the Bureau of Nursing at National Headquarters:

> As the success of the Nursing Service and our ability to secure the nurses in the large number likely to be needed during the period of the war depends entirely upon maintaining the interest and enthusiasm of the graduate nurses throughout the country, it seems to me of primary importance that the person in charge of the Division Bureau of Nursing Service should be a Red Cross nurse and should be in truth the representative of the Nursing Service. She should be appointed by the chairman of the National Committee on Red Cross Nursing Service, subject, of course, to the approval of the Division manager.
>
> Furthermore, since the direction of all the activities of the Bureau of Nursing Service within the jurisdiction of the Division will be in charge of this person, it is highly important that we secure the services of nurses who, by reason of their education, experience, professional standing, executive ability and knowledge of conditions in the Division, will be highly qualified to fill these important positions. I believe that this office, through the national organization of nurses, is best prepared to secure the qualified personnel.
>
> All professional phases of the work of the Division Director of the Nursing Service should be subject to the direction

[3] "The American Red Cross in the Great War," pages 16-17. The Macmillan Company, 1919.

of the Bureau of Nursing Service at National Headquarters, for only in this way will it be possible to maintain the necessary standards and uniform policies of the Red Cross Nursing Service.

It will be necessary for the Division Director of the Nursing Service, in administering her Bureau, either personally or through her functional assistants, depending upon the extent of the activities in her Division, to:

(1) Supervise Chapter work as related to nursing activities and advise Chapters on matters of policy and practice pertaining to nursing service as prescribed by National Headquarters.

(2) Supervise instruction of personnel within her Division and coöperate with Chapters and committees on Red Cross Nursing Service on matters relating to enrollment of instructors.

(3) Supervise the organization and administration of Chapter instruction in Elementary Hygiene and Home Care of the Sick and in Home Dietetics.

(4) Advise and coöperate with Chapters on matters relating to class equipment.

(5) Study and advise on methods of promoting enrollment in classes.

(6) Coöperate with Local and State Committees on Nursing Service in promoting enrollment of Red Cross nurses.

(7) Summarize periodic reports relating to activities under the Nursing Service as received from Chapters and compile Division reports of these activities for the Division manager to transmit to National Headquarters.

(8) Perform such other duties as may be designated by the Bureau of Nursing Service at National Headquarters.

In the December, 1917, issue of the *Journal,* Miss Delano reported the appointment in October of these Division representatives. Elizabeth Ross, a graduate of the Newton Hospital, and a public health nurse of high standing, served in the New England Division, which included Maine, New Hampshire, Vermont, Massachusetts and Rhode Island. Miss Ross had organized the Nursing Center of the Woman's Municipal League of Boston and had also acted as supervisor of the Norwood Civic Association.

Carolyn C. Van Blarcom (Johns Hopkins) resigned as secretary of the Illinois Society for the Prevention of Blindness to represent the Nursing Service in the Atlantic Division, which included New York, Connecticut and New Jersey (except

Camden). Of Dutch descent, she was possessed of keen organizing ability and of brilliant processes of thought and expression. At varying periods of her useful career, she was assistant superintendent of nurses at her alma mater, then superintendent of nurses, St. Luke's Hospital, St. Louis, superintendent of the New Bedford Tuberculosis Sanatorium and secretary of the National Committee for the Prevention of Blindness. Upon her arrival in June, 1917, at Atlantic Division Headquarters, New York City, she immediately set up the organization of a nurses' equipment division for the base hospitals then embarking for France and to her acumen was largely due the establishment of the efficient system which characterized this important detail of mobilization for foreign service. Another conspicuous piece of her work was the recruiting of hundreds of Red Cross and Army nurses then in New York who marched in the historic first Red Cross parade of the autumn of 1917. During the later part of that year, Miss Van Blarcom undertook a speaking tour of the United States to interest nurses in enrolling for war service, after which ill health necessitated her resignation from Red Cross service.

Florence Merriam Johnson followed Miss Van Blarcom in January, 1918, as director of nursing of the Atlantic Division. A graduate of Smith College and of the New York Hospital, she had been connected with the Cornell University Medical Dispensary, New York; had done social service work for the New York Association for the Improvement of the Condition of the Poor; and for the Harlem Hospital. She later became a member of the faculty of the Department of Nursing and Health, Teachers College, Columbia University. Her remarkable service in facilitating the embarkation and debarkation of nurses in foreign service brought her the Florence Nightingale Medal of the International Red Cross. A woman of poise, intelligence and great charm, she combined sympathetic warmth of personality with firm executive ability to such an extent as to make her one of the most capable and well-loved nurses of the "younger generation" which the war brought forward.

The Pennsylvania Division, which included the Keystone State, Delaware, and Camden, New Jersey, was represented by Susan Francis (Reading Hospital, Pennsylvania). She was long associated with state organization work and with early Red Cross Nursing Service projects. Miss Francis had been

superintendent of nurses of hospitals in the City of Washington, in New Orleans, and in Philadelphia.

Georgia Marquis Nevins came to the Potomac Divison (District of Columbia, Maryland, Virginia and West Virginia) after twenty-three years of service as the head of Garfield Memorial Hospital, Washington. Her name has appeared more than once since an early point in our text, in connection with professional progress and growth. She was one of the first class graduated under Miss Hampton at the Johns Hopkins. An ardent sponsor of the Army Nurse Corps and also of the bill for registration of nurses in the District of Columbia, she was at one time president of the National League for Nursing Education, then known as the American Society of Superintendents, and for many years was secretary of the American Nurses' Association. Her Red Cross service began in 1909, as secretary of the National Committee on Red Cross Nursing Service. A New England woman, she represented a type of all the sturdy virtues of that section.

Jane Van de Vrede (Milwaukee County Hospital, Wauwatosa, Wisconsin) was the nursing representative for North and South Carolina, Florida, Georgia and Tennessee. Miss Van de Vrede was for nine years assistant bacteriologist of the Department of Health, Savannah, Georgia. As secretary of the State Board of Examiners of Nurses for Georgia, and as vice chairman of the Savannah Red Cross Chapter, and secretary of the Local Committee on Red Cross Nursing Service of that city, she brought to her duties a wide, extremely practical knowledge of southern nursing resources.

The Gulf Division, to which L. Agnes Daspit (Touro Infirmary, New Orleans) was appointed, included Alabama, Mississippi and Louisiana. Miss Daspit had long been associated with the Red Cross Nursing Service, as chairman of the Louisiana State and Local Committees. She was at one time president of the Louisiana State Nurses' Association and chairman of the Advisory Board of the State Board of Examiners.

The Southwestern Division, covering the immense distance of Texas, Missouri, Kansas, Arkansas and Oklahoma, was fortunate in securing so able and tireless an organizer as Lyda W. Anderson, already known to readers of this history as supervisor of Unit K of the Mercy Ship.

Mary M. Roberts (Jewish Hospital, Cincinnati) served as nursing representative in the Lake Division, embracing Ohio,

Indiana and Kentucky. Both as superintendent of nurses in the Savannah Hospital, and assistant superintendent of nurses of the Jewish Hospital in Cincinnati, she had had long experience in administrative work. As a former president of the Ohio State Association of Graduate Nurses and a member of the State Board of Nurse Examiners, she too was excellently fitted for the tasks before her.

A child welfare nurse of national reputation, Minnie H. Ahrens (Illinois Training School for Nurses; Teachers College) directed Red Cross activities in Illinois, Wisconsin, Iowa, Nebraska and Michigan, the states comprising the Central Division. Though Miss Ahrens' name had been long associated with high standards of nursing education, she was perhaps best known as an organizer and the first superintendent of the Infant Welfare Society, of Chicago.

The Northern Division, Minnesota, North and South Dakota and Montana had as its nursing representative Edith A. Barber. A graduate of the Garfield Park Hospital, Chicago, Miss Barber was at one time superintendent of nurses of the Green Gables Sanatorium, Lincoln, Nebraska, and a member of the training school staff of the University of Minnesota.

Lettie G. Welch (Illinois Training School) was appointed to the Mountain Division including Colorado, Wyoming, New Mexico and Utah. Formerly superintendent of nurses of the City and County Hospital, Denver, she had served for several years on the Colorado State Committee on Red Cross Nursing Service.

Lillian L. White (Protestant Episcopal Hospital, Philadelphia), also long associated with nursing education, gave up her position as assistant superintendent of nurses of the University of California, to represent the Red Cross Nursing Service in the Pacific Division, embracing Nevada, Arizona and California. Miss White had at various periods of her career been superintendent of nurses of the Knoxville (Tennessee) General Hospital; of the Merritt Hospital, Oakland, California, and head of the Baby Hospital of that city.

Including Washington, Idaho, Oregon and Alaska, the Northwestern Division had as its nursing representative May S. Loomis (Illinois Training School). She was a surgical nurse of long experience. Chairman of the Washington State committee on Red Cross Nursing Service since 1915, she gave up her position as supervisor of nurses at the City Hospital,

Seattle, to accept the Red Cross appointment. Miss Loomis was for several years president of the Washington State Nurses' Association.

Following the establishment of the Divisions, the Executive Committee voted on December 6, 1917, to create the Department of Nursing, combining under one executive all phases of the nursing program. Miss Delano became the director, her vision of a lightened responsibility and a country home relinquished for the time, and the representatives in the Division offices were given the title of Division Directors of the Department of Nursing. This organization was put into effect in the spring of 1918. Miss Noyes, who had been on a speaking tour since December, 1917, returned to National Headquarters in February, 1918, and became director of the newly created Bureau of Field Nursing, through which the selection and assignment of all nurses for war duty, either military or civilian, were carried out. Some of the changes then occurring have already been mentioned. The reorganization of the Town and Country Nursing Service will be spoken of under its own chapter heading.

With the National Committee on Red Cross Nursing Service acting in an advisory capacity, with the strong Headquarters' organization at Washington and with corresponding Departments in all Divisions, the Red Cross Nursing Service now faced the greatest nursing needs of American and world history. From its inception in the scattered efforts of the Civil and Spanish-American wars, its peace time development from 1909 to 1917, one step toward more complete organization had followed fast on the heels of another, until the creation of the Department of Nursing marked the final perfection of this great "machine," so efficient and withal so silent and unobtrusive, that few indeed realize how vital and far-reaching were its workings and how great its results in the alleviation of human suffering.

The National Committee on Red Cross Nursing Service guided the policies of development of American Red Cross nursing service. The members of the National Committee who served at the outbreak of the war were Jane A. Delano, chairman; William C. Gorgas, Surgeon General of the Army; W. C. Braisted, Surgeon General of the Navy; Rupert Blue, Surgeon General of the Public Health Service; Annie Goodrich, president, American Nurses' Association; S. Lillian Clay-

ton, president, National League for Nursing Education; Mary F. Beard, president, National Organization for Public Health Nursing; Colonel Jefferson R. Kean, Director of Military Relief, American Red Cross; W. Frank Persons, Director of Civilian Relief, American Red Cross; Major C. H. Connor, Director, Bureau of Medical Service, American Red Cross; Dr. T. W. Richards, Director, Bureau of Naval Service, American Red Cross; Clara D. Noyes, Director, Bureau of Nursing Service, American Red Cross; Fannie F. Clement, Director, Bureau of Town and Country Nursing Service, American Red Cross; Emma H. Gunther, chairman, Committee on Dietitians; (appointed for three years) Mabel T. Boardman; Mrs. Wm. K. Draper, New York City; Mrs. Wm. Church Osborne, New York City; Anna C. Maxwell, Presbyterian Hospital, New York City; Mary E. Gladwin, Akron, Ohio; Mrs. Frederick M. Tice, Chicago; Lillian D. Wald, New York City; M. Adelaide Nutting, New York City; Amy Hilliard, Bellevue Hospital, New York City; Susan C. Francis, Philadelphia; Louise M. Powell, New York City; Jane E. Nash, Baltimore; (appointed for two years) Julia Stimson, St. Louis; Emma Nichols, Boston City Hospital; Dora E. Thompson, head of Army Nurse Corps; Lenah S. Higbee, head of Navy Nurse Corps; Ella Phillips Crandall, New York City; Georgia M. Nevins; Anna L. Reutinger, New York City; Elizabeth G. Fox, Visiting Nurses' Association, Washington; Harriet Leete, Cleveland, Ohio; Anne H. Strong; Simmons College, Boston; (appointed for one year) Alma E. Wrigley, Pasadena, Cal.; Carrie M. Hall, Peter Bent Brigham Hospital, Boston; Lucia Jacquith, Memorial Hospital, Worcester, Mass.; Anna C. Jammé, State Board of Health, Sacramento, Calif.; Menia S. Tye, Sparks Memorial Hospital, Ft. Smith, Ark.; Emma L. Wall, New Orleans, La.; Mathild Krueger, Menomonie, Wis.; Agnes G. Deans, Detroit, Mich.; Ethel S. Parsons, Division of Health, San Antonio, Texas; Mary C. Wheeler, Illinois Training School, Chicago. Duties of the committee were:

1. To organize and supervise the Nursing Service of the American Red Cross, and to establish uniform standards for the enrollment of nurses, dietitians and other personnel needed for the nursing activities of the American Red Cross.

2. To secure annually from the American Nurses' Association, the National League for Nursing Education and the National Organization for Public Health Nursing, nomina-

tions to fill vacancies as they occur in the National Committee on Nursing Service and to submit these nominations with recommendations to the Central Committee for appointment.

3. To appoint, annually, State Committees on Red Cross Nursing Service, of not less than six members, who are enrolled Red Cross nurses from names submitted by the executive committee of State Nurses' Associations. When possible, the nurses selected should consist not only of members of the American Nurses' Association, but of training school superintendents and public health Nurses. In order that the work of committees may not be interrupted, a complete change should be avoided.

4. To appoint such committees, not otherwise provided for, as may be necessary to supplement the work of the National Committee, and to specify the duties of all committees.

5. To issue the necessary instructions, circulars of information and blank forms of application for the enrollment of the Red Cross personnel of women.

6. To appoint local headquarters recommended by Local Committees where lists of enrolled nurses and other personnel may be kept on file. Such headquarters should be preferably registries for nurses, or training school offices.

7. To pass upon all applications for enrollment forwarded to Red Cross Headquarters and to issue cards of appointment and Red Cross badges or pendants to nurses meeting the requirements, to issue cards of appointment to approved dietitians and to annul the appointment of any member of the Nursing Service for causes which it may deem sufficient.

8. To keep a card catalogue of all committees and of local nursing headquarters with a list of all nurses and other personnel on file with each.

9. To keep on file lists of Sisterhoods and other orders, and women volunteers available for Red Cross relief work involving the care of the sick or wounded, either in time of war or calamity, the names of Red Cross nurses employed by chapters, other Red Cross organizations or those authorized to use the Red Cross insignia, together with the names of members of the Army and Navy Nurse Corps who are also enrolled Red Cross nurses and to refer the latter to Local Committees when their term of service expires.

10. To provide, in coöperation with the medical departments of the Army and Navy, instruction for enrolled nurses in such special duties as would be required of them in time of war.

11. To adopt courses of instruction for women other than nurses, which will aid in the care of the sick in their own

homes and prepare them to render assistance, as required under the supervision of the Nursing Service of the Red Cross.

12. To study the Nursing Service of the Red Cross in this and other countries; to report on the efficiency and needs of our own services and make such recommendations to the Central Committee as the exigencies of the service may indicate.

13. To advise concerning the administration of the Town and Country Nursing Service, to interest nurses in this phase of Red Cross work, and to aid in securing opportunities for the special preparation necessary to qualify for Red Cross Service as public health nurses.

14. To make recommendations to the Central Committee of the American Red Cross in regard to the selection of Directors of Bureaus of the Nursing Service, and other nurses employed at Red Cross Headquarters.

15. To share with the Directors of Nursing Bureaus the responsibility for the assignment to duty and supervision of all personnel included in the Red Cross Nursing Service.

Details of the time of annual meeting and other routine matters completed the schedule. The duties of State Committees were thus defined:

16. State Committees consist of not less than seven members, appointed by the National Committee, from names submitted by the executive committee of State Nurses' Associations at the time of their annual meeting, such members to be enrolled Red Cross nurses.

17. To appoint annually such Local Committees on Red Cross Nursing Service as may be needed for the enrollment of nurses in their own state and to designate the chairman of each committee. . . .

19. To have general supervision over Local Committees and to stimulate interest in the Red Cross Nursing Service.

20. To report all Local Committees appointed, and vacancies filled, to the chairman of the National Committee, giving the names and addresses of all members, and indicating the chairman and secretary of each Committee.

21. [This clause dealt with meetings and reports.]

22. State Nurses' Associations organized for the enrollment of Red Cross nurses are members of the American Red Cross and entitled to be represented by one delegate at the Annual Meeting of the Red Cross.

It is desirable that the delegate selected should be a mem-

ber of the State or a Local Committee on Red Cross Nursing Service.

Local Committees consist of at least six nurses appointed by State Committees on Red Cross Nursing Service.

The duties of Local Committees on Red Cross Nursing Service were:

23. To make recommendation to the National Committee as to the appointment of headquarters, where a list of enrolled nurses and other personnel of the Nursing Service may be kept on file, such headquarters to be preferably registries for nurses or training school offices, as it is important that a place should be selected where nurses may be secured at all times day and night.

24. To issue circulars of information and blank forms for enrollment to applicants, and to decide whether applicants fulfill the requirements and are desirable.

25. To receive applications for the enrollment of nurses and to secure the required credentials except from nurses interested in the Town and Country Nursing Service, whose applications should be forwarded direct to Red Cross Headquarters, Washington, D. C., where credentials will be secured.[4]

Of the numbers and activity of the Committees Miss Delano said, in the Annual Report for the year ending December 31, 1917:

In addition to the National Committee, we have forty-eight State Committees and one hundred and two Local Committees on Red Cross Nursing Service, four State and thirty-four Local Committees having been appointed since January 1, 1917. About one thousand nurses are serving the Red Cross gratuitously on these committees.

After the war she wrote of the work of the State and Local Committees:

To the State Committees on Red Cross Nursing Service, and the Local Committees representing local nursing organizations, the Nursing Service of the Red Cross owes much during the past years. The large enrollment of Red Cross nurses was due in a great part to the activities of these committees. Approximately one thousand graduate nurses are serving gratuitously as members of State and Local Com-

[4] A. R. C. 159, July 12, 1917.

mittees on Red Cross Nursing Service, and the value of their services cannot be overestimated. During the period of the war, these committees held frequent meetings to pass on the application of thousands of nurses and sacrificed their vacations, and often their positions, in order to do this volunteer work of the Red Cross. When the need for nurses for active service became pressing, during the period of the war, the Nursing Service of the Red Cross appointed on its Local Committees those women especially who were unable to accept active service, but who had given generously of their time and money to carry on this important part of the Red Cross work. These Local Committees in this way prepared thousands of nurses for active service; advised them in regard to their home conditions and their release from positions; and it was only through their coöperation and assistance that the work at National Headquarters was made possible.

The size of the National Committee on Red Cross Nursing Service and the widely-separated locations of its members made it imperative to have a small but efficient Executive Committee. Organized July 23, 1917, this was composed of any members then stationed in Washington, with the presidents of the three national societies of nurses. This small committee shared the responsibility of the problems of the Red Cross Nursing Service as they arose day by day.

Soon after the appointment of the War Council by President Wilson on May 10, 1917, its chairman, Mr. Henry P. Davison, arranged special conferences designed to bring the different Red Cross Departments together to consider nursing problems and to make recommendations in regard to the Service. On this committee there were representatives of the War Council; the Red Cross Committee on Coöperation; the Red Cross Medical Advisory Committee; and the National Committee on Red Cross Nursing Service. Dr. Simon Flexner, Chairman of the Red Cross Medical Advisory Committee, presided at a meeting of this conference which was held at Headquarters, July 23, 1917. A number of members of the National Committee on Nursing Service had been invited to attend. Those present were: (from the Red Cross National Committee on Nursing Service) Miss Delano, chairman; Miss Noyes, Director, Bureau of Nursing Service; Miss Clement, Director, Bureau of Town and Country Nursing Service; Miss Hay, Director, Bureau of Instruction for Women; Miss Deans; Mrs. William K. Draper; Miss Nutting; Miss Good-

rich; Miss Beard; Miss Clayton; Miss Wald; Miss Hilliard; Miss Thompson; Mrs. Higbee; (from the Red Cross Committee on Coöperation) Judge Robert S. Lovett; Messrs. A. D. Hodenpyl, George Wharton Pepper, Edward D. Butler, John F. Moore, and L. K. Frankel; (from the Red Cross Medical Advisory Committee) Doctors Biggs, Chapin, Flexner, Kerr, Rose, Ryan, Rosenau, Smith, Pearce and Richards; (from the War Council) Messrs. Davison and Wadsworth.

The entire field of nursing needs and desirable standards of nursing qualifications for Red Cross war enrollment was thoroughly gone over. It was agreed that there was no immediate shortage in well-trained nurses and that the Red Cross was adding to its available reserves in every way that foresight could dictate. It was found that the real crisis of the nursing situation lay in the future and that while present needs were being met the war demands would increase rapidly and it was of the greatest importance that well educated women should be urged to take the nurse's training. At the end of the conference the chairman (Dr. Flexner) was directed to appoint a small conference committee to meet on a later day in that same week and settle finally, if possible, the war nursing policy of the Red Cross in regard to the standards for enrollment and to report its conclusions to the War Council.

Dr. Flexner appointed Miss Delano, Miss Nutting, Miss Beard, Dr. William H. Welch, Dr. Herman M. Biggs and Dr. Winford H. Smith.

On Friday, July 27, all except Dr. Welch and Dr. Biggs who were unable to be present, met at Red Cross Headquarters. Dr. Flexner took the chair and Dr. R. M. Pearce (of the Medical Advisory Committee) acted as secretary. The conference committee examined its nursing problems in a frank and thorough-going way and in due time its report was laid before the War Council and accepted by that body. The questions considered were:

1. Size of hospitals in which nurses are trained, i.e., average number of patients per day.
2. Age limit at the time of enrollment.
3. Early graduation of classes in (a) three year, (b) two year schools.
4. Short training courses for aides.

5. Public health nurses—should they be urged to decline service with hospital units abroad?

1. Hospital training schools.

The committee discussed first the Red Cross requirements for enrollment in its nursing service with such modifications as have been found necessary to meet war conditions. The chairman of the National Committee on Red Cross Nursing Service reported that in coöperation with State Boards of Registration provision has been made for the acceptance of graduates from schools recommended by the Boards as giving sufficiently thorough training to qualify such graduates for War Service. This modification has been made, she reported, without a definite requirement as to the size of the hospital. It is estimated that approximately five hundred training schools will be added to the acceptable list through this change.

2. Age limit of enrolling nurses.

The chairman of the National Committee on Red Cross Nursing Service also reported that the age limit for enrolling nurses has been reduced to twenty-one years and extended beyond forty years, depending upon the qualifications of the individual nurse in each case.

3. Early graduation of nurses.

The question of an earlier graduation of the pupils already in training in order to increase the supply of nurses, was discussed. It was the opinion of the special committee that schools giving a three year course of training might later, should the exigencies of war make such action necessary, be requested to advance the date of graduation.

Miss Nutting submitted a report of the efforts now being made by the Committee on Nursing of the Council of National Defense to increase the output of the training schools. In coöperation with the Red Cross it has addressed an appeal to college women and to graduates of technical schools, high and private schools, urging them to enter training schools as student nurses in training, and thus aid in meeting the need of civil hospitals as well as supply a large body of women of exceptional ability trained for the reconstruction work which will follow the war.

The chairman of the National Committee on Red Cross Nursing Service reported that provision has been made for a complete listing of the nursing Sisterhoods throughout the United States. A questionnaire is to be sent to these Sisterhoods to determine the approximate number of nursing Sis-

ters and lay Sisters trained in their hospitals who are available for Red Cross service. Provision has also been made to utilize colored nurses for service in caring for colored troops in base hospitals and the Red Cross will enroll such nurses as needed. It was also reported that the Red Cross has organized committees for the enrollment of nurses in Hawaii, the Philippines and in France, in order to utilize American nurses resident in those regions.

4. Training of nurses' aides.

The system of training nurses' aides was considered. The chairman of the National Committee on Red Cross Nursing Service reported that authority has already been given to forty-five hospital centers around which base hospitals have been organized to provide practical hospital experience to women volunteering as nurses' aides. These hospitals will be urged to complete their lists of twenty-five aides each on first call, and to carry a reserve of twenty-five or more. This will give approximately twenty-two hundred and fifty aides available for service.

A questionnaire is being prepared to send to these volunteers in order to determine how many of them are ready for service, in either the military or civil hospitals in this country. The course in Elementary Hygiene and Home Care of the Sick forms the basis of selection for admission to this service, and some idea of the possible resources may be gained from the fact that about thirty-four thousand women have completed this course of instruction.

5. Public health nurses.

The question of utilizing public health nurses for service both in this country and abroad was considered. The chairman of the National Committee on Red Cross Nursing Service reported that in order to utilize public health nurses to the best advantage a special enrollment has been provided exempting them from other service. Under this enrollment public health nurses will be held available for service in and about military cantonments in this country and for service in activities in Europe.

Summary.

In submitting the foregoing report, the Special Committee on Nursing appointed by the Red Cross War Council desires to express its approval of the general plan of enrollment of nurses as adopted by the National Committee on Red Cross Nursing Service. The modifications included in this plan may be summarized as follows:

1. That the lower age limit for Red Cross nurses be reduced to twenty-one years; that the upper age limit be left indefinite, to be dealt with separately in each case according to the character of the service and the physical qualifications of the applicant.

2. That the requirements governing training schools be modified so as to qualify for Red Cross enrollment the graduates of schools which are recommended by State Boards of Registration as giving courses sufficiently thorough to prepare nurses for Red Cross service.

3. That in order further to increase the supply of nurses, the schools giving a three year course of training be requested to advance the date of graduation of pupil nurses, should the exigencies of war make such action seem desirable.

4. That in addition to the steps already taken to supply volunteer nurses' aides, which the committee approves, it is recommended that the period of practical hospital experience for these volunteers be increased to one month of eight hours' service each day under the supervision of the Red Cross, and that the Red Cross volunteer aides be used for service in our own country only, and that women under twenty-one years of age shall not be selected.

In view of the provision already made for the instruction of volunteer aides in connection with Base Hospitals and the large number of women who have completed the required course of theoretical instruction and whose names are on file in Washington, the committee believes that the immediate extension of this service is not pressing, but approves of the authorization of civil hospitals to give this instruction to nurses' aides as needed, subject to the approval and under the direction of the American Red Cross, and recommends that only those hospitals approved by the State Boards of Registration of Nurses shall receive such authorization.

5. The committee approves of the plan adopted by the National Committee on Red Cross nursing for a special enrollment of public health nurses who shall be held available for public health work under the Red Cross either in this country or abroad.

This program has been approved by the officers of the Red Cross Nursing Service; by officers of the Committee on Nursing of the Council of National Defense; by Annie Goodrich, president of the American Nurses' Association; Mary F. Beard, president of the National Organization for Public

Health Nursing; S. Lillian Clayton, president of the National League for Nurse Education; Amy Hilliard, formerly inspector of training schools in New York State; Dora E. Thompson, superintendent of the Army Nurse Corps; Lenah S. Higbee, superintendent of the Navy Nurse Corps and by the Red Cross Medical Advisory Committee and the Red Cross Committee on Coöperation.

The members of the Red Cross departments were gratified by this endorsement and by the letter that had been written a little earlier by Miss Nutting, here reproduced, for the anxiety and responsibility of executive work often formed an almost crushing burden for Miss Delano and her co-workers, who, desirous on one hand of maintaining high professional requirements, were on the other under the obligation of meeting every instant necessity in the matter of a supply of nurses, no matter how difficult.

Teachers College,
Columbia University,
July 16, 1917.

Miss Jane A. Delano, Chairman,
National Committee on Red Cross Nursing Service,
Washington, D. C.

My dear Miss Delano:

At the last meeting of the Committee on Nursing of the General Medical Board, of the Council of National Defense, a motion was passed expressing our approval of the method of enrollment adopted by the Nursing Service of the Red Cross.

I am very glad to transmit this motion to you and to add that those of us who have watched the careful, thorough work of the past seven years which has gone to building up this important branch of the Red Cross, feel that a very great national service has been rendered. For not only has there been created a large body composed of trained, skilled and competent nurses to form the Nursing Service of the Red Cross, but the establishment and maintenance of proper requirements for enrollment in this service have acted as a valuable stimulus to hospitals and training schools in urging them to improve their standards of training in order that their graduates might be eligible for such enrollment.

In no other country in the world has the Red Cross such a record. On the contrary, its effort throughout history has generally tended to weaken instead of to strengthen good nursing standards, and consequently and inevitably to impair

the efficiency of its nursing service. It is our hope that you may be able to maintain the high standards you have set for your life-saving work and that our great dependence for nursing the sick and wounded men of our army may continue to be placed upon skilled and capable workers.

Faithfully yours,

(signed) M. Adelaide Nutting, Chairman,
Committee on Nursing, the General
Medical Board of the Council of
National Defense.

The immediate steps taken during the early part of the summer of 1917 by the National Committee on Red Cross Nursing Service and its smaller executive group were directed toward the one main purpose of increasing enrollment. To this end, all State Boards of Examiners were urged to announce more frequent examinations of graduate nurses desiring to register under state acts and to pass upon examination papers with the utmost dispatch so that nurses might enroll without delay. State Boards of Registration were asked to furnish the Red Cross with three classified training school lists, giving in one the names of all those schools which met the Red Cross requirements, in another those on the border line and in the third those which were below. Local Committees were written to and asked to select nurses for service. Letters were sent to a selected group of women in close touch with National Headquarters, urging them to take the nurse's training. A special committee of nurses in New York City, all of whom were Red Cross members, and who afterwards became leading figures in the Committee on Nursing under the Council of National Defense, undertook to arouse educators and educational institutions especially and so to direct large numbers of applicants to training schools.

With the end of the war the executive committee of the National Committee on Red Cross Nursing Service summed up its meetings and recommendations as follows:

Eight meetings of the executive committee of the National Committee on Red Cross Nursing Service have been held since its authorization.

Action was taken on the following questions, in each instance a quorum of the National Committee being present:

1. Plan for publicity campaign—beginning with a syndicated article in magazines and newspapers.

2. Definite request to be made to the American Red Cross for an expert publicity man to assist the committee.

3. Resolution adopted and sent to the president of Vassar College on establishing a preparatory course in nursing for college women (Vassar Plan).

4. Letter submitted to the Surgeon General's office requesting that some action be taken to combat the rumors of nurses returning from Europe pregnant.

5. Nurses not eligible for active military service and in charge of training schools for nurses to be enrolled as recruiting agents.

6. "Special enrollment" for nurses through Divisions for Home Defense (physically unfit for military service, over age, married and those holding important positions who should not be disturbed).

7. Uniform of Dietitians.

8. Recommendation that receipts from the Metropolitan Life Insurance Company for Town and Country Nursing be paid to the organizations supporting nurse, rather than to Headquarters.

9. Recommendation that Miss Clement, Director Town and Country Nursing Service, draft all recommendations with her personal opinion regarding the further development of rural nursing.

10. Service Flag.

11. Coöperation with the Woman's Committee of the National Council of Defense in their campaign on Infant Welfare, as far as possible.

12. Plan to secure rank for nurses.

13. Circularize Boards of Registration for Nurses and State Associations; circularize the superintendents of training schools for nurses; circularize the Sisterhoods; circularize the non-registered nurses; circularize the subscription list of the *American Journal of Nursing*.

14. Prepare plans for publicity campaign and launch as soon as the committee on publicity (consisting of chairman of National Committee on Red Cross Nursing Service and representatives from the three national organizations) decided it was practical and if possible immediately following the drive for Liberty Bonds.

The most important details covered by some of the above resolutions will be dealt with in later pages.

Of all the subjects named in the list above as taken up by

the National Committee on Red Cross Nursing Service, none was more perplexing than that one alluded to in paragraph four. Elusive whispers of scandal touching Red Cross nurses and gruesome tales of mutilation suffered by them, reached the Nursing Service early in 1917, persisting throughout the war and even after the Armistice. The Red Cross files have an extraordinary series of letters written to Miss Delano or sent to her by the recipients, with her answers. The letters, usually written by friendly loyal persons, related with indignation yet often, too, with misgivings the alarming rumors. Fifty such letters, analyzed for the purposes of this history, may be thus summarized. The rumors fell under three heads. First,—that Red Cross nurses abroad had become victims of forcible outrage by enemy soldiers, or even by Allied officials, and that numbers of them (the numbers, always mentioned, varied from fifty to several hundred) had become pregnant and were being brought home to be cared for in American hospitals. Names of hospitals, especially two well-known ones in New York City, were sometimes specified. Second,—that Red Cross nurses, as a result of forcible outrage or personal immorality, or both, had become infected with venereal disease and were quarantined at a French port, usually named. In this legend also the numbers ran high; the writer personally heard that nine hundred such victims, all nurses, were behind stockades at a locality in France. Third,—that Red Cross nurses had come back to their homes with eyes gouged out, tongues slit, or hands and toes cut off.

It soon became clear that these rumors constituted a definite propaganda, arising from an unknown source. This might have had one of two purposes; one, to add fuel to the flames of hatred against an enemy; two, to retard the enrollment of nurses in the Red Cross and thus endeavor to cut off at its source the supply of nurses to serve in military hospitals.

The Committee on Nursing Service concluded that while both purposes were served, the latter was the one directly aimed at and indeed, while enrollment was not prevented, its course was often made infinitely difficult by the popular reaction to the rumors.

The Nursing Service, desirous of avoiding publicity in the daily press as tending to assist the propagandists, took up each report separately as it reached Headquarters. Such word usually came in from some nurse or Red Cross member, indignant,

shocked and incredulous, yet having at hand no way of making authoritative denial. They were then given a categorical denial by the Nursing Service and were requested to obtain and forward to Headquarters the names of persons from whom the rumor was heard, with dates and names of places involved. Every such clue was painstakingly followed up and invariably ended in nothing.

It was, however, learned that the mode of starting the rumors on their way was this: On a railway train of some small railroad, in a remote or provincial region, a well-appearing woman traveler, getting into conversation with other travelers, would modestly mention herself as a Red Cross worker from abroad and would then with deep feeling relate most confidentially the horrid tales, presently alighting at some small town, there to disappear without trace. Or again, travelers in a far distant locality, again on the railway, would be attracted by the sight of two apparent invalids, so heavily bandaged as to be practically invisible and would learn from a kindly woman or man in charge that they were Red Cross nurses whose eyes had been put out, tongues slit, or hands chopped off. In no instance did any one *see* beneath the bandages.

As these tales were whispered from one to another they sometimes got into local papers and were often given credence by well-meaning but ill-balanced persons. Statements based upon them were occasionally recklessly made at public meetings, sometimes even at local Red Cross meetings. An embarrassing detail in counteracting them was that members of another national society of the highest standing more than once disseminated these absurdities, as proving the need of their own ministrations and of the enlargement of their own facilities in the war zones.

The rumors were dealt with almost entirely by the Red Cross. In several instances the Department of Justice was called on for assistance. One quite prominent woman physician was called before a federal jury and reprimanded and in another case a man was fined $1000 and costs. Similar rumors were set on foot regarding Canadian nurses and Government circles in Canada had the same difficulty in denouncing them. The tales were usually repeated with no malicious intent and were well known in nursing circles, but there, naturally, were not believed. The following letter written by Miss Delano is a type of the many that she wrote in this connection:

December 4, 1917.

My dear Mr. .....

Your letter addressed to ..... has been referred to me for reply.

Similar rumors have come to this office from time to time, and I can only assure you as emphatically as possible that there is absolutely no truth in the statement. We have altogether about four thousand nurses, about three thousand of these in service in France. They are definitely assigned to base hospital units under military authority, or under the direct supervision of the Red Cross. Of all our nurses in France only two or three have returned, and it would be impossible for any large number to be brought back in the condition mentioned in your letter without the Red Cross being fully informed of the matter.

Would it not be possible to take up quite definitely with T.... F...., who has circulated the report, this matter, compelling him to give the source of his information and as a lawyer interested in Red Cross activities take such steps as may be necessary to prevent the repetition of this untruth in your community? I can well understand that you would hesitate to do this without definite information from Headquarters.

I may assure you that there is no foundation for the rumor. A similar rumor is being circulated concerning Canadian nurses and I wrote to the Department of Militia and Defense, Ottawa, Canada, for a definite statement, which was promptly received, denying absolutely all foundation for the rumors. It seems evident that it is a definite propaganda which should be met as promptly as possible. We have tried to avoid any newspaper publicity, as it would only spread the rumor.

I shall appreciate greatly any further information you may secure, and hope for your coöperation in branding such rumors as malicious falsehoods. Appreciating greatly your having written to the Red Cross direct,

Believe me,

Sincerely yours,

(signed) Jane A. Delano, Chairman
National Committee on Red Cross Nursing Service.

As the magnitude of the war tasks became plain, extensive systems of coördinated effort were woven into the social fabric and the energies of nurses, bent to the support of the Red Cross Nursing Department, or to associated war-working groups, gave results that are distinctive in international Red Cross nursing

history, not only for the bold and original methods adopted, but also for the proof that, even in war emergency, an extensive increase in nursing personnel is possible, without seriously lowering the hard-won standards of professional competency.

Early in June, 1917, an Emergency Committee on Nursing was organized by Miss Nutting and Miss Wald in New York City to include a number of prominent nurses, all of whom were members of the Red Cross National Committee and one of whom was Miss Delano, as also several prominent physicians, with Miss Julia Lathrop, Chief of the Federal Children's Bureau. The purposes of the Committee were: "to devise the wisest methods of meeting the present problems connected with the care of the sick and injured in hospitals and homes; the educational problems of nursing; and extraordinary emergencies as they may arise."

The founders of this Emergency Committee had been fearful that under the great excitement of war, the usual objects of their care might be neglected and they planned to guard those objects; i.e., the daily nursing of the sick in the homes and hospitals and the teaching and preparing of nurses for their fields, while the Red Cross, officially charged by the government to be directly responsible for war nursing would naturally be absorbed in that immense obligation. With the formation of the Council of National Defense (composed of the Secretaries of War, Navy, Interior, Agriculture, Commerce and Labor) an Advisory Commission of seven specialists was nominated and appointed by President Wilson. Dr. Franklin Martin, as one of the seven, organized the General Medical Board and this Board took over the Emergency Committee and made it the National Committee on Nursing of the Council of National Defense with Miss Nutting as its chairman, to function under the direction of the chairman of the General Medical Board. Dr. Martin himself being chairman of the Committee on Medicine and Sanitation of the Board, came into close correspondence and professional contact with the nurses on all the committees. There was also under the Council of National Defense a subcommittee on Public Health Nursing and a committee on Home Nursing. Miss Delano had a place on each and her special part in their conferences was to prevent as far as possible overlapping and duplication of effort, as from her post at Red Cross Headquarters, she had a knowledge of the entire field which none of the others could possess.

As the national pace speeded up, frictional reduplication of activities was not always preventable and it may be reasonably concluded that the single task of nursing during the war would have evolved more smoothly and expeditiously had the Nursing Committee of the Council of National Defense organized itself for its special interests under the Red Cross (as a subcommittee of the National Committee) and this the more as they were all Red Cross Nurses and the majority of them members of the National Committee on Red Cross Nursing Service.

Miss Nutting's committee, as it was informally called, had from the beginning a special concern for the underlying educational factor in nursing and to its leaders it could not have seemed otherwise than that they were specially responsible for that trust, for clearly the Red Cross alone, as then organized, could not have cultivated the educational field in addition to its vast administrative domain, but its readiness to coöperate and contribute show that the second committee would have had equally wide scope had it been a special Red Cross committee. Miss Nutting's committee stood close to the educational world and its activities bore the impress of her original and boldly resourceful mind. Her suggestions and plans gave great impetus to those intensive yet educationally sound courses opened for nurses in women's colleges, in connection with hospital training, of which Vassar gave the most highly perfected example, to be presently described and known as the Vassar Plan. In the recruiting of pupils for the training schools, in the movement to induce schools for nurses generally as a war duty to admit college women for training on a two-year instead of three-year basis, and in the inception of the Army School Miss Nutting's committee did original and distinctive work. Of permanent value to nursing literature are the committee's nine pamphlets, most of which were prepared by Isabel Maitland Stewart, a professor in the Department of Nursing and Health at Teachers College. Their studies of war nursing problems should make them useful to the Red Cross societies and nursing associations of other countries as well as to our own.

The committee on Home Nursing, Miss Wald its chairman, was closely tied to the Department of Labor and concerned itself primarily with all aspects of industrial nursing, so called, especially in those industries which were engaged in war work, and with strengthening public health nursing in industries and in the homes.

The purposes of the subcommittee on Public Health Nursing and some parts of its plans are told in the following excerpts:

> This committee was created by Surgeon General Blue for the purpose of relating the work of the public health nurse to the many problems of hygiene and sanitation brought into prominence by the war. These problems are suggested by the names of the other sub-committees of the Committee on Hygiene and Sanitation, for example, the Committee on Alcoholism, the Committee on Venereal Disease and the Committee on Drug Addiction.
>
> The public health nurse must be the instrument which will make preventive medicine effective. It is wise, therefore, to create a body, the function of which shall be to study the changing conditions produced by the war and to be ready to recommend to any given community a plan for establishing a public health nursing agency whenever these changing conditions demand it. First: The purpose of the committee is: To collect and edit material relating to the disastrous effects of the last three years of war on the community health of the European nations at war. Second: To procure information of the present status of community health work in this country and of the extent to which such work is endangered by a state of war, and, further, to procure information as to the need of the greater extension of it by a state of war.
>
> Community health work in areas about the cantonments must be undertaken by public health nurses. Therefore, the Nursing Bureau of the Red Cross is asking the help of this committee in enrolling all public health nurses for public health nursing service either here or in Europe, and is further turning to the secretary of this committee to act in an advisory capacity for the selection of public health nurses for these areas.[5]

This subcommittee gathered important data bearing on public health activities; made a special census of public health resources, agencies and nurses at home; assisted the Red Cross in securing nurses for the sanitary zones surrounding cantonments; initiated at Teachers College, with the help of Miss Nutting and through scholarships donated by the Red Cross, the educational preparation for ten nurses necessary in the campaign against venereal diseases conducted by Surgeon General Blue; gave impetus to the long-discussed plan of intro-

[5] Report of Subcommittee on Public Health Nursing, November, 1917.

ducing preliminary public health instruction into the senior year of training schools for nurses and was especially prominent in urging that public health nursing should be accepted as the equivalent of active military duty.

Miss Delano wrote of nursing groups coöperating in mobilization:

> The Red Cross is working in close coöperation with the American Nurses' Association, an affiliated body with which it has for many years enjoyed intimate and harmonious relations. Practically all of the enrolled Red Cross nurses are included in the membership of this association.
>
> Another organization with which the Red Cross is cooperating is the National Committee on Nursing, recently appointed by the Council of National Defense with M. Adelaide Nutting as chairman and Ella P. Crandall as secretary.
>
> The Red Cross is coöperating with this committee in a movement to enlist young college women in nursing as a patriotic service. As the Red Cross sees it, the big problem is not only providing for the present nursing needs but safeguarding against the possible needs two, three and five years from now. Therefore, it is urging the young women of America to prepare themselves for the most efficient work as nurses by submitting themselves to the training courses of high class schools of nursing. Several of our leading schools have agreed to admit graduates of approved colleges, who are otherwise acceptable as candidates for nursing, to special courses which will grant them credit for one academic year.
>
> The Red Cross will rely upon the thousands of Red Cross Chapters, branches and auxiliaries, the Women's Committee of the Council of National Defense, and similar organizations of women to supply lists of volunteer workers when needed. These organizations are already compiling lists of volunteers in the various communities.

To give a complete list of all the groups and associations that aided the Red Cross Nursing Service would mean, in effect, listing almost all those engaged in war service, but three names that must be especially mentioned, aside from the national nursing groups, as coöperating agencies entitled to special appreciation were: the American Council of Education; the Association of Collegiate Alumnæ; the United States Food Administration.

Of the special courses designed to facilitate mobilization by shortening the period of hospital training and giving instruc-

tion under college auspices, that at Vassar was the first and set the most excellent example to others. The generous intention of the college to offer its ample facilities during the summer of 1918, "as a training school for young women for patriotic service in whatever lines of work offer the greatest opportunities or present the greatest needs" had been declared by resolution at a meeting of the Provisional Alumnæ Council on June 9, 1917. The committee who recommended the nursing course as finally established were: Mrs. John Wood Blodgett, chairman, Frank R. Chambers and Frank L. Babbitt. To this decision Miss Nutting's counsel had largely contributed, and toward the success of the course Mrs. Blodgett's brilliant services were inestimable.

The course offered pupils twelve weeks instruction in anatomy and physiology, bacteriology, chemistry, hygiene and sanitation, elementary materia medica, nutrition and dietetics, the psychology and sociology of nursing, nursing ethics and history, elementary nursing procedures with models, and special lectures. This was combined with a disciplinary régime and physical training. It was followed by two years of work in selected schools of nursing connected with hospitals. Those consenting to join in the plan were called Coöperating Schools and Hospitals.

The League of Nursing Education gave three of its members, Isabel M. Stewart, A. M., professor of Nursing, Teachers College, Columbia University; Elizabeth Burgess, B. S., State Inspector of Training Schools, New York, Education Department, and Anne Strong, A. B. (Bryn Mawr), assistant professor of Public Health Nursing, Simmons College, Boston, as an advisory committee to arrange the curriculum in coöperation with the Vassar faculty members. The expenses were also coöperatively met. The Associated Alumnæ of Vassar bore the cost of the publicity and recruiting campaigns; the pupils paid moderate fees and the Red Cross War Council on January 9, 1918, appropriated $75,000 for the general expenses.

By the time the Armistice was signed nearly fifty colleges, as reported by Miss Nutting's committee, had completed their plans for opening similar courses to student nurses, if such should have been made necessary by the continuance of the war. Courses in eight colleges had been formally approved by the Surgeon General.

An encampment for lay women was that of the Women's

Section of the Navy League next to be mentioned. Its official leaflet gave the following statement of its plan:

> The National Service School, Inc., was organized by the Women's Section of the Navy League in 1916, to train American women for the duties which come to them in war times and in other national disasters. The first National Service School was held at Chevy Chase, Maryland, in May, 1916. Nearly one thousand students were trained there and the American Red Cross, the Army, the Navy and the Marine Corps coöperated in the instruction and running of the school. Thus the instruction and methods used were standard and official and had been worked out by experts. Since May, the following National Service Schools have been held: Second National Service School, The Presidio, San Francisco, California; Third National Service School, Lake Geneva, Wisconsin; Fourth National Service School, Narragansett Pier, Rhode Island.

There were three courses, any one of which might be selected at the preference of the student. They included First Aid; making surgical dressings; signal work; wigwagging and semaphore; knitting and plain sewing; bicycling; plain telegraphy and wireless; household hygiene and home care of the sick.

The question of the instruction of Red Cross nurses' aides is rooted in the early history of the Nursing Service. After the Red Cross became affiliated with the American Nurses' Association (1909), there had been no mention until the year 1912 of the volunteer aide so familiar in Europe. Then, following the Ninth International Red Cross Conference in Washington, there was a movement to form Women's Detachments on the European plan. This step was questioned by Miss Delano, as shown in the following letter written by her at that time. (Letter from Miss Delano to Miss Boardman, September 27, 1912):

> . . . I do feel that the outline of instruction gives a wrong impression of the object of the course and can only repeat what I said this afternoon in regard to the possible dangers. This paper will reach a great number of people and I confess that the possible results worry me. I did not speak this morning of the effect this new undertaking may have upon the nursing service, but with no provision for coöperation, I see possibilities of future misunderstandings and friction. If

we have Red Cross nursing committees located in various cities and towns throughout the country, working as we hope in coöperation with the Red Cross Chapters, the institutional members and the committees appointed by the American Medical Association, would not this detachment of women working apparently independently, be a source of confusion and misunderstanding? How could one be sure that work would not be duplicated with inevitable friction and misunderstanding? I know so little of the details of this present organization that my opinion may be valueless, but I see nothing to indicate coöperation or definite supervision. In organizing the Red Cross enrollment of nurses and in planning for the rural nursing, it has always seemed most important to me to have the advice and support of physicians. In the same way, I can scarcely imagine the organization of courses on home nursing without the coöperation and interest of nurses.

We can scarcely compare the conditions in this country with those in France. The training given their nurses is most inadequate.

In the written schedule of work I am in doubt whether the term "nurse" refers to graduates or to members of the women's detachments. If the latter, I am wondering how it will be possible to teach aseptic surgical technique in the time allowed for First Aid and home nursing. I do not mean to make difficulties. I am sure you will believe this, but thinking only of the ultimate good, my mind is filled with doubts and misgivings. I have spent three years in building up the Red Cross enrollment, and have always believed that the success of the Red Cross and its activities depends primarily upon the coördination and the coöperation of all its departments.

Miss Delano brought this subject before the American Nurses' Convention in 1912 and on November 14, of that year, the members of the National Committee on Nursing disapproved the plan of a separate Women's Detachment, but gave unqualified approval to the organization of classes of women for instruction in First Aid, home care of the sick and allied subjects designed to aid women in the care of their own families, and pledged the coöperation of nurses for such teaching.[6]

It was subsequently agreed by the Red Cross that independent Women's Detachments should not be organized; that classes for women (except those in First Aid) should be directed by the Nursing Service and that a volunteer service

[6] *American Journal of Nursing*, December, 1912.

of women, if such should ever be required in war, should be under the direction of the Red Cross Nursing Service.

The classes for women in Home Care of the Sick and Home Hygiene, which later developed widely, thus partly arose from the relinquished plan of Women's Detachments. With the threatened warfare of the Mexican border, 1916, and the establishment of base hospitals there, the National Committee on Red Cross Nursing Service, at a special meeting during the Convention of the American Nurses' Association at New Orleans, 1916, had agreed that the nurses' aides, if needed, should be a responsibility of the nursing profession, which they would not evade, provided that their teaching and duties were justly defined in relation to the actual care of the sick.

"Volunteer nurses' aides" were, in fact, called for in 1916 and their status was thus defined by Colonel Jefferson Randolph Kean, Director of Military Relief:

> *Volunteer Nurses' Aides.* Provision has been made for the assignment to our base hospital units of a limited number of women who are not nurses by profession. They will serve without pay but may be furnished with transportation, lodging and subsistence, when the unit to which they are attached is called into active service. Nurses' aides will be prepared for duty under the supervision of the nursing service of the Red Cross and will be required to take at least the course of instruction in Elementary Hygiene and Home Care of the Sick and pass a satisfactory examination in the same. It is also desirable that they take such other courses of instruction as may be provided by the Red Cross. The chief nurse of the base hospital unit will be responsible for the selection of all nurses' aides attached to her unit and will, if necessary, arrange for their instruction. When called into service they will serve under the direction of the chief nurse of the unit.[7]

To this explanation Miss Delano added:

> Practical experience as nurses or partial training as such cannot be accepted in lieu of our course in Elementary Hygiene and Home Care of the Sick, as one of the chief advantages of this instruction given by a Red Cross nurse is to enable the Red Cross by observation to judge of the qualification of those taking the course and their probable fitness for service.

[7] Miss Delano in *American Journal of Nursing*, September, 1916.

> While most lay women volunteering for service imagine themselves giving aid on the battlefields, as a matter of fact they will not be assigned to duty within the zone of military operations. Their chief sphere of usefulness will be in supply rooms, linen rooms, diet kitchens, laundries and the wards of base hospitals located considerably in the rear of military operations. Assignments to duty both of nurses and nurses' aides will, in all cases, be made through the Red Cross Headquarters, Washington, D. C. . . .

As the organization of Red Cross base hospitals progressed, the National Committee on Red Cross Nursing Service, at a meeting held in New Orleans in April, 1916, recommended that practical instruction for nurses' aides be limited to seventy-two hours a month, for three hours daily in the morning in consecutive days, Sundays and holidays excepted. This training was optional with the parent hospital authorities and these volunteer aides formed no part of the civilian hospital staff except when as a base hospital unit they were called into active service. The following guide to practical instruction which was prepared by Miss Noyes as one of her first duties in the Nursing Service in September, 1917, was recommended by the National Committee:

> Service in Wards: Sweeping and dusting; cleaning lavatory utensils; cleaning, airing and making beds; care of soiled linen; care of clean linen, blankets, rubber goods; serving trays, feeding helpless patients; serving water and nourishments; washing nourishment dishes; preparing patients for the night; care of heads; bed baths.
>
> Service in Surgical Supply Room: Preparation of surgical dressings, mending rubber gloves; preparation of goods for sterilization.
>
> Service in Central Linen Room: Folding, examining and stacking linen; sewing on buttons, tapes; assisting with exchanges.
>
> Service in Connection with Operating-Room: Assorting and folding linen; dusting and cleaning; cleaning rubber gloves and instruments; admission to operations *not* approved.
>
> Service in Diet Kitchen, Sewing Rooms and Laundry may be arranged for such nurses' aides as have indicated special preference for work in these departments.
>
> Additional Suggestions. Careful records as to hours and duties performed, interest displayed and attitude toward

the service should be kept. As service with a base hospital in time of war is a serious one, it is important that the aides selected to accompany such should be women of dignity and purpose. In order to maintain interest, the practical work may be repeated each year. Conferences with appropriate talks or lectures might be held during the interval between practice periods. Permanent vacancies which may occur should be filled from the reserve list and under these circumstances the muster roll may be signed by card.

When the United States entered the World War the National Committee on Red Cross Nursing Service on April 28, 1917: "recommended that courses in practical work for lay women shall be given in hospitals selected by the Nursing Service and that such courses shall be on the same basis as planned in connection with base hospitals" and the following regulations were agreed upon:

The term "Red Cross nurses' aide" is applied to those women who have voluntarily pledged themselves to service after meeting the following definite requirements of the Red Cross:

First: The satisfactory completion of the course in Elementary Hygiene and Home Care of the Sick, authorized by the Red Cross (A. R. C. 704).

Second: Selection for service and eight hours daily of practical hospital experience for one month (this was later extended) in a hospital authorized by the Red Cross.

Selection

Women who have had the course in Elementary Hygiene and Home Care of the Sick may be recommended for service as nurses' aides by the chief nurse of a base hospital unit, by the superintendent of the training school of the hospital around which a unit may have been organized, or by a Division Director of Nursing. The final decision rests with the Department of Nursing, American Red Cross, Washington, D. C.

Qualifications for Service

1. Age. Preferably between twenty-five and thirty-five.

2. Freedom from home ties which might interfere with uninterrupted service. Unmarried women or widows will be given preference in assignment to duty.

3. Satisfactory physical condition.

4. Adequate education and credentials.
5. Special fitness for such work.

Exceptions to these general requirements may be made by the Department of Nursing in the case of candidates possessing special qualifications.[8]

In midsummer, 1918, the directions relative to nurses' aides were sent out by the Department of Nursing as shown in the following letters:

August 15, 1918.

To All Division Directors of Nursing,
From Director, Department of Nursing,
Subject: Placing Nurses' Aides in Service.

It has been decided by the War Council that the Red Cross should, through its Divisional officers, undertake at once the training of a sufficient number of nurses' aides to meet the needs of the Red Cross in Europe. This personnel is not intended in any way for service in military hospitals, but to supplement the work now being carried on abroad in the care of refugees, infant welfare work, and similar activities conducted under the auspices of the Red Cross.

The assignment of nurses' aides as provided for in this letter and the accompanying instructions must in no way interfere with the enrolling of Red Cross nurses for service under the Army and Navy, or under the Red Cross. The War Department has asked us to increase our assignments of nurses to one thousand a week, and it is most urgent that the greatest effort be directed to meet this requirement.

Each Division Director of Nursing should arrange immediately to recommend two hospitals located in the Division, to be selected as schools for instructing applicants for this work. In making this recommendation it is, of course, essential that you consult and secure the approval of your Division manager. In order to avoid duplication of work, it is suggested that hospitals at which this experience is now given, be recommended. Only hospitals having training schools for nurses, which are on the accredited list with the State Boards of Registration and are in other respects acceptable, will be considered. If necessary, in order to reach a conclusion, final decision in the selection of the hospitals where this experience is to be given may be requested from National Headquarters.

You should secure the service of a capable lay woman and any necessary additional assistants (also lay women), to assist

[8] A. R. C. 707, Instructions for Nurses' Aides.

you in the supervision of the selection of nurses' aides. It it is expected that nurses' aides will be recruited largely from women who have taken the Red Cross course in Home Care of the Sick. A part of this assistant's duties, therefore, could include the development and stimulation of interest in this instruction course.

In each of the two hospitals in your Division, there should be under instruction continuously twenty-five selected candidates for nurses' aides. Only women should be selected for such experience as give promise of being desirable for assignment, and otherwise meet the requirements prescribed.

The accompanying instructions for the Division Bureau of Nursing provide the necessary procedure for recruiting and supervising the instruction of candidates.

After receiving the required hospital experience, candidates will be enrolled for foreign service under the direction of the Division Bureau of Nursing and the Division Bureau of Personnel will participate in the enrollment and assignment of nurses' aides in the manner prescribed by the accompanying instructions.

Ten copies of the "Memorandum Routine for Placing Nurses' Aides in Service" are forwarded herewith and an initial supply of forms is being forwarded by express to the Division office. A complete copy of the Routine should be transmitted immediately to the Division Bureau of Personnel.

Very truly yours,

(signed) JANE A. DELANO,
Director, Department of Nursing.

Approved: G. E. Scott,
Acting General Manager.

August 29, 1918.

To Division Directors of Nursing.

In my letter of August 6, I stated that the War Council desired the selection of two hospitals in each Division to give practical experience to women who have had our course of instruction in Home Care of the Sick and who are willing to accept service as needed. I realized that there might be difficulty in securing the admission of twenty-five pupils to each of two hospitals, and that it would probably be easier to use a larger number of hospitals, admitting fewer pupils. The decision in regard to two hospitals was, however, based on a request from the Surgeon General's office. Satisfactory arrangements have recently been made to allow for a change of plan, leaving the Division Directors of Nursing, in consultation with the Division managers, free to make such selections of hospitals as they think most desirable, without

reference to the number of hospitals admitting pupils. It is, however, understood that fifty women will be admitted each month for the required period of hospital experience, making six hundred women to be prepared as nurses' aides each year in your Division. While the Red Cross wishes to have this number available for service through the Division offices, it is impossible to guarantee assignment to duty.

As they will be used for service abroad under the auspices of the American Red Cross, largely in France, they should have a conversational knowledge of French. It is, therefore, suggested that as far as possible a tentative selection of desirable women be made, even before they begin the course of instruction in Home Care of the Sick, and that they be urged to review and perfect their knowledge of French in order that they may be eligible for admission to the hospitals for practical experience, upon the completion of the course in Home Care of the Sick. It is the desire of the Surgeon General's office that we should admit for practical experience in hospitals only such women as have a conversational knowledge of French.

Yours very truly,

(signed) JANE A. DELANO,
Director, Department of Nursing.

The orders coming from the War Department regarding nurses' aides were variable. Aides were first called for, then countermanded, then called for again. They were not, however, in the end placed in military service through regular channels either at home or abroad. When the Red Cross organized its extensive civilian relief service in France, many aides served there as secretaries, interpreters, friendly visitors, etc., with great acceptability. In all, up to July 1, 1918, fifteen hundred nurses' aides enrolled and were assigned to active duty with the Red Cross. Their motives and spirit were excellent and as most of them spoke French and were gently reared women of social tact, their usefulness was often very great.

As the cantonments of the United States were developed, a tide of popular emotional demand for volunteer "nurses," with a short course training, made itself felt and was difficult to stem. It was finally counteracted by the plan for an Army School of Nursing to be described in another section.

After protracted conference with the Surgeon General's office during the early summer of 1918, the Red Cross Nursing

Service made an attempt to organize a group of Reconstruction aides, women especially trained to give remedial exercises, either in physio- or occupational therapy, prescribed for the care of patients in hospitals and other sanitary formations of the Army. Lists of nurses expert in this specialized work were first collected by Miss Noyes. A tentative plan of the Red Cross embraced the training of college women in these branches. Josephine Saunders, of New York, was finally given an appointment in the Surgeon General's office to develop these groups entirely within the War Department, but the Red Cross coöperated with the Army in mobilizing them, as is shown in the following description of these aides and their field of work:

> At a meeting of the War Council held June 27, 1918, the following vote was passed and communicated to Miss Delano:
>
> VOTED: That Appropriation No. ---- for the purchase of equipment, including uniforms for the outfitting of nurses be, and it is herewith amended to cover Reconstruction aides (female) who are being ordered for service overseas by the Surgeon General's office, with the understanding that the Director of the Department of Nursing shall confer with the Office of the Surgeon General of the Army as to the necessary uniform and equipment.

The War Department wrote to Miss Noyes:

> I am enclosing a circular sent to Reconstruction aides regarding overseas and domestic equipment. Please let me know if this meets with your approval.
>
> I am having mimeographed a signed authorization without which no aide should be allowed to purchase equipment at cost from the Red Cross.
>
> (signed) FRANK B. GRANGER.

Through the Bureau of Nurses' Equipment in New York City, the Red Cross furnished complete equipment free of charge to Reconstruction aides assigned overseas and supplied ward uniforms at cost to aides employed in Army hospitals in this country.

Leaders and assistants in recreational therapy, a highly expert and specialized form of aid to invalided soldiers, had taken up the entrance to a field in which the Red Cross antici-

pated developing an extensive and useful service. These plans were, however, terminated with the Armistice and subsequent reconstruction of the Army hospitals.

On April 23, 1917, the Red Cross Committee on Nursing Service considered the whole aspect of the public health nursing service in its relation to the war and at subsequent meetings throughout 1917, the exemption of public health nurses from military service always called forth lively discussion. A subcommittee of the National Committee on Red Cross Nursing Service was accordingly appointed, which recommended a plan by which various groups of nurses then performing essential service were placed in a Special Service group.

There were already certain groups of nurses who were regarded by the Red Cross as exempt from active military duty, i.e., those at Red Cross Headquarters and in Division offices; Chapter supervisors; members of the Red Cross State and Local committees; members of the Red Cross Town and Country Nursing Service, and those holding important positions in hospitals, training schools and public health organizations.

The Special Service group as now defined gave public health nurses, as well as those serving in hospitals, a recognition similar to that accorded the nurses who enrolled for war nursing. Such recognition had been asked for by the subcommittee on Public Health Nursing of the Council of National Defense (Miss Beard's committee), on May 28 when it recommended to the Committee on Hygiene and Sanitation the advisability of seeking to obtain, from the Council of National Defense, a "pronouncement" recognizing public health nursing as a war service.

Brief extracts from the correspondence between Miss Delano and Miss Beard give the clearest statements of this special enrollment. Miss Delano wrote, September 12, 1917:

> In view of the probable demand for public health nurses for work in the zones surrounding the military cantonments and possibly for public health work in France, the National Committee on Red Cross Nursing Service has provided for a special enrollment of public health nurses exempting them from other service, as has already been done for the nurses enrolling as instructors.
>
> It would seem desirable, however, that a communication be sent from the subcommittee on Public Health Nursing or the General Medical Board of the Council of National Defense,

bringing the importance of this service to the public health organizations' attention, and urging that they release a certain proportion of the nurses upon their staffs for enrollment with the Red Cross for this service. I will in turn communicate with our Local Committees authorizing them to enroll nurses for this special service.

In response to this letter Miss Beard sent to the various organizations for public health nursing a questionnaire, and an appeal, in which she said:

> So pressing is the immediate need for carefully selected nurses for public health duty that the Red Cross has asked this committee to send out an appeal to public health nurses to enroll in a special class exempted from all other service. This does not mean that a public health nurse may not enroll for other duty.
>
> It will be a high mark of patriotism to serve in our own country. It may even become the supreme test of devotion to remain at one's regular post of duty. It is certain that the greatest discrimination must be exercised in the "selective draft" in order to avoid disrupting or seriously depleting the home work while providing, from the already inadequate ranks of public health nursing, our full proportionate quota for war duty wherever needed.
>
> This committee urgently requests you to answer the enclosed questionnaire within three days of receipt and begs that your decision be made in the light of the nation's two great equal needs, i.e.: first, to guard the health of our soldiers and sailors and those of our allies; second, to protect our home defenses in the face of new dangers and increased demands.[9]

The regulations framed and issued by the Red Cross Nursing Service in regard to this special group were these:

> 1. A nurse shall be eligible for enrollment in the Special Service group, providing she is an enrolled Red Cross nurse, eligible for active duty, yet holding a position in which in the opinion of the Red Cross she is more valuable at present than

[9] A. R. C. file, September 15, 1917; also Reports of Miss Nutting's committee. The questionnaire asked for: 1. Name of organization. 2. Names of staff members indispensable locally. 3. Members who could be spared and when available. 4. Character of service rendered by each. 5. Names of members then in active duty with the Red Cross. 6. Names of those enrolled. 7. Those who had applied for enrollment. 8. Those intending to apply for enrollment.

in war service. Nurses physically or otherwise disqualified for active war service are not eligible for this enrollment. . . .

4. A committee appointed by the Division Director, Bureau of Nursing Service, shall act upon applications and shall issue a chevron to each nurse whose application has been approved.

5. The names of all nurses in the Special Service group will be forwarded to the American Red Cross, Department of Nursing, at Washington, in order to prevent the assignment of these nurses to active war service.

6. The Special Service enrollment of a nurse relates to the position she holds at the time the chevron is issued. If a nurse changes her position, the person, organization or institution which employs her shall immediately inform the Bureau of Nursing of the change of status and shall also return the chevron. Nothing shall prevent the filing of another application should the nurse assume a new position in which she may be essential to a community.

Before making application for nurses in the Special Service group which entitles them to the chevron, consideration should be given to adjustments with the view of conserving graduate nurses, i.e.:

1. For utilization of student nurses wherever possible for positions as head nurses, social service and visiting nurses.

2. Consideration of other assistants to graduate nurses, such as Home Defense Nurse, and attendants.

The Special Service Chevron is to be issued by a committee appointed by the Division director to such enrolled Red Cross nurses as are fit for active service but are fulfilling important responsibilities in their present positions.

After the committee has granted a chevron no call for active military service will be sent a nurse, without consultation with the Board by whom she is employed. By establishing this "Chevron Service" the Red Cross hopes to give nurses and organizations a freedom to develop the most important teaching in training schools and in public health centers in order to conserve the health of our own country.

If a nurse is not physically fit for active service or has personal responsibilities that make it impossible that she should go, she should apply for enrollment in the Home Defense.

The form of the letter sent by the Department of Nursing to public health associations was:

In view of the very great demands for nurses for military service and considering the many nurses disqualified for this

service, the committee respectfully recommend that every institution prepare now to meet the even greater need in the future and wherever possible, a nurse eligible for military service and now exempt from such service be substituted by one who is not qualified for such service. Our nursing resources being limited such readjustments will be absolutely necessary.

With the assurances that the Department of Nursing of the American Red Cross has the interest of your institution at heart, I beg to remain,

Very truly yours,
(signed) JANE A. DELANO,
Director, Department of Nursing.

The form of the letters sent to nurses entering the special service group was:

Upon the recommendation..... you have been placed in the Special Service group of the American Red Cross Nursing Service and you are temporarily exempt from active military service. You are hereby privileged to wear the enclosed chevron until such time as you are released for active service.

With good wishes for the success of your present work, I am,

Very sincerely yours,
(signed) JANE A. DELANO,
Director, Nursing Service.[10]

The form of the letter sent to nurses eligible for a special service chevron was:

I note that you are holding an important position at present and since it is the wish of the Nursing Service of the American Red Cross to disturb as little as possible the work of organizations such as yours, I am writing to learn if it is your wish to be considered for exemption from active military service at present?

We wish to associate all our good nurses definitely with the American Red Cross and are therefore placing nurses holding important positions in a Special Service group, issuing to them a chevron to wear denoting their exemption from active military service temporarily.

I judge from your application that this is your desire but since we can only consider such requests upon the recommendation of the head of the institution, I will ask you to

[10] Special Service group, No. 5.

forward the enclosed to your president. When this blank is properly filled out and returned to us, this recommendation will be acted upon by the Committee on Exemption and you will be duly notified.

The Red Cross assumes that the president of every institution and every nurse keeps in mind the fact that with many nurses disqualified for military service, readjustments must be considered whereby every nurse eligible for active military service is substituted for by a nurse not so qualified.

Awaiting your attention to this, I am,

Sincerely yours,

(signed) JANE A. DELANO,
Director, Nursing Service.[11]

An interesting example of the response met by these letters is the answer of Archdeacon Hudson Stuck, Fort Yukon, Alaska:

September 18, 1918.

. . . In accordance with your suggestion of August 18 addressed to our one remaining nurse, Miss X—— at St. Stephen's Hospital at this place, I make request that a "Special Service chevron" be granted her.

This hospital, located a mile above the Arctic Circle, is the only place where medical relief can be obtained in something like fifty thousand square miles. The nearest physician up the Yukon is at Dawson, three hundred fifty miles distant, the nearest one down the river is at the Army Post Fort Gibbon, another three hundred and fifty miles away. And in all the wide winterland, northward to the Arctic Ocean and southward to Fairbanks, there is no nurse. The explorer Stefansson, lying ill at Herschel Island, had himself hauled four hundred miles by dog-sled to reach our little institution.

Miss X. has been urged by her conscience and by some of her friends to give herself up to war work. She would, however, be fortified in her resolve to remain here, I feel confident, did your organization distinguish her from mere slackers and absentees by the award of your "Special Service chevron."

Another special group mobilized by the Red Cross was that of the Home Defense nurses. The most important details of their enrollment plan are given:

1. Purposes of Enrollment:

The Red Cross Department of Nursing recognizes that in every community there are graduate nurses who for some

[11] Special Service group, No. 8.

reason are not eligible for military duty but who are able to render valuable service in connection with emergencies, including local disaster, all forms of visiting and instructive nursing, institutional work, and as instructors in Elementary Hygiene and Home Care of the Sick. A special enrollment for such nurses has been authorized with the designation of Home Defense nurse. This enrollment is not intended for those who meet the regular requirements for enrollment as Red Cross nurses.

. . . Division Bureaus of Nursing have the responsibility for the enrollment of these nurses.

. . . An applicant must hold a diploma from an accredited school of nursing in the State from which she was graduated and be a member of the American Red Cross, and able to render some regular service.

. . . Approved applicants for enrollment will receive a membership badge with a bar bearing the title "Home Defense Nurse," which will be issued by the Division Director of Nursing.

. . . Nurses who have married or are beyond the age limit, physically disqualified or otherwise ineligible for military duty or other active service, will be enrolled by the Red Cross Division Department of Nursing for their territory under the special classification of Home Defense nurses.

The Red Cross instituted the Home Defense nurses' enrollment because it believed and still maintains that the skill and experience of every woman who has had a nurse's training must be made available to the nation in some direct way. . . .[12]

Miss Delano made special appeals for the Home Defense Service and her prevision was borne out by the experiences of the influenza epidemic. To meet that emergency, married, old, and retired nurses came forth and, as was often declared by a Red Cross lecturer, Dr. Thomas E. Green, helped greatly to save the day.

The Army School of Nursing, though not originating with the Red Cross, was a prominent feature of the mobilization of nurses for war and in its inception and growth was closely woven together with the processes of Red Cross enrollment and assignment for service. The constructive idea which gave rise to the Army School was Miss Goodrich's, for she had been delegated by the Surgeon General as chief inspecting nurse, with an assistant, also a nurse, to visit and inspect nursing in

[12] A. R. C. Form 495, March, 1918.

the cantonments. Their appointment had been made in response to a recommendation of the Committee on Nursing under the Council of National Defense and a similar proposition offered by the Hospital Division of the Medical Department of the Council of National Defense. The report made by Miss Goodrich after the inspection included these words: "It is therefore recommended that an Army school of Nursing be created and that we be permitted to present a detailed plan relating to the same."

The report and its recommendations were considered at a conference of Medical and Army officers and nurses, the latter being Miss Delano, Miss Thompson, superintendent of the Army Nurse Corps, Miss Clayton, president of the National League of Nursing Education, Miss Burgess and Miss Goodrich. Miss Goodrich submitted full plans to the Surgeon General, March 24, 1918, but for reasons of space only a part of her outline can be here given:

> A plan whereby through an Army School of Nursing the most complete nursing care may be provided for the sick and wounded soldiers at home and abroad, for the period of the war and for as long thereafter as the Government may decree. . . .
>
> The plan to provide for an easy, constant and almost unlimited expansion of training fields and consequent increase in student and graduate nurses, in order that the arising demands of the service may be fully met.
>
> Through the provision of the student body to have in the process of training large groups becoming increasingly competent thereby enabling the release of the most experienced nurses for the foreign and other demanding fields without lowering the efficiency of the base hospitals.
>
> To raise immediately the standard of the nursing care of the sick in the base hospitals by the provision of an increased number of persons to render such care.
>
> The plan as presented provides that the school, to be known as the Army School of Nursing shall be located in the office of the Surgeon General. Through this office the enrollment of the students will take place and all matters relating to the general management of the school shall be dealt with. The faculty presided over by the dean of the school is to determine all questions relating to the course of instruction; the general administration of the school being entrusted to the dean. It is suggested that an Advisory Council be appointed composed of members of the Medical Department;

the superintendents of the Army and Navy Nurse Corps; the Director of the Department of Nursing, American Red Cross; the presidents of the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing; the dean of the school of nursing and other members of the nursing profession conversant with the problems of nursing education, to make recommendations concerning the appointment of the faculty, the relations between the military and civil hospitals and other matters relating to the general policy of the school.

In order that the school may come into immediate existence and that as large a group of students as possible may be obtained before the heat of the summer, the committee makes the following recommendations: (1) The immediate appointment of a dean or acting dean of the school. (2) Details. (3) That the Red Cross Department of Nursing be asked to issue to those who have successfully completed a course in Elementary Hygiene and Home Care of the Sick the application blanks and announcement in order that should these applicants desire to enter the Army School of Nursing and should they meet the requirements for admission they may be immediately enrolled. (4-5-6. Details). (7) That the dean be authorized to recommend for appointment a director, an assistant director, a full time instructor, and one or more part time instructors in addition to the regular nursing staff of each base hospital selected as a branch of the school of nursing.

That the dean be authorized to confer with the commanding officer and the chiefs of the medical and surgical staffs of such base hospitals as are selected concerning the appointment of medical lecturers and instructors. . . .

The Secretary of War approved the plan on May 24, 1918, and the Surgeon General appointed the advisory committee:

War Department
Office of the Surgeon General
Washington.

June 5, 1918.

Office Order No. 53.

The Advisory Council of the Army School of Nursing is hereby appointed, the members of which shall be as follows: Colonel W. H. Smith, chairman; Colonel C. L. Furbush; Colonel W. T. Longcope; Miss M. Adelaide Nutting; Miss Lillian D. Wald; Miss Anna C. Maxwell; the superintendent

of the Army Nurse Corps; the superintendent of the Navy Nurse Corps; the director of the Department of Nursing, American Red Cross; the president of the American Nurses' Association; the president of the National League of Nursing Education; the president of the National Organization for Public Health Nursing; the dean of the Army School of Nursing.

By direction of the Surgeon General,
(signed) C. L. FURBUSH,
Colonel, Medical Corps, N. A.

At its second meeting, February, 1919, the advisory council recommended placing the school on a permanent foundation by Act of Congress and submitted this their resolution, together with an outline draft of a suitable act, to the Surgeon General for his approval. Miss Delano, Miss Goodrich and Miss Thompson were appointed a committee of three to present the plan for the proposed school, but its outline and details as completed followed Miss Goodrich's suggestions.

The Army School of Nursing was made a Division in the Surgeon General's office. On May 27, 1918, Miss Goodrich was placed at its head with the title of Dean and was directly responsible to the Hospital Division.

In a meeting of the Committee on Nursing, Council of National Defense, September, 1918, it was decided "that a committee be appointed by the chair to develop a program for the participation of the civilian hospitals in the training of pupil nurses or hospital assistants for army service in affiliation with the Army School of Nursing." The members of this committee were: Jane A. Delano, Annie W. Goodrich, Lillian Clayton, Ella P. Crandall, Dr. S. S. Goldwater, Colonel W. H. Smith.

The first meeting was held on September 20, 1918, and the minutes for that meeting embody the coördination plans arrived at between the Red Cross and the school. From them have been taken only those details which illustrate this adjustment for smooth working and the avoidance of duplication:

Minutes of the Special Committee

Appointed to develop a program for participation in civilian hospitals in the training of pupil nurses or hospital assistants for Army Service in affiliation with the Army School of Nursing, Council of National Defense, Washington, D. C., 10:30 A. M.

September 20, 1918.

The chairman stated the purpose of the meeting and asked for suggestions from those in attendance. Upon request, Miss Goodrich, Dean of the Army School of Nursing, presented a suggestive plan of affiliation of civilian schools with the Army School of Nursing. . . . Miss Delano urged the importance of enrolling affiliated students for military duty through the Red Cross only and not directly into the Army Nurse Corps in order to secure a permanent registration of future nursing forces; she also urged the enrollment in the Red Cross of all senior classes pending graduation, subject of course, to the individuals who wish to be enrolled.

Miss Delano raised the question of enrolling hospital assistants through the Red Cross. While this matter was generally felt not to be pertinent to the main issue and should therefore be left for consideration with other details of development, the chairman ruled that in the absence of objections, Miss Delano's urgent request for its consideration at this time would be granted.

Dr. Goldwater moved as follows: "Resolved that civil hospitals which have the necessary facilities be encouraged to arrange for the training and use of hospital assistants according to the plan and qualifications of the Army School of Nursing that such hospital assistants should be enrolled through the American Red Cross with the understanding that they will accept service as required either in hospitals in which they are trained, with the American Red Cross, or in the Army Hospitals." The motion was seconded by Miss Nutting and carried unanimously.

Miss Delano moved that the students in schools for nurses contemplating affiliating with the Army School of Nursing be given an opportunity to enroll as Red Cross Student Nurses, such enrollment to constitute graduate enrollment upon completion of this course, and the recommendation of the dean of the Army hospitals. The motion was seconded by Miss Nutting and carried.

Miss Nutting made the following motion: "Having heard from approximately three hundred training schools of the country and approximately two hundred having expressed a desire to affiliate with the Army school, this committee approves in general the plan of affiliation as presented by Miss Goodrich, Dean of the Army School of Nursing, with the understanding that it is subject to further modifications as later experience may make advisable." The motion was seconded by Miss Clayton and carried.

To provide for the public health nursing instruction of students of the Army school at Henry Street Settlement, New York City, the Red Cross through the New York County Chapter contributed $40,000 for each of the school years of 1919 and 1920. A provision of $6000 was also made by the American Red Cross in San Francisco with the University of California for the Army School at Letterman General Hospital. The full details of these gifts are found in the Annual Report of the American Red Cross for the year ended June 30, 1921.

> In compliance with a request from the Surgeon General of the U. S. Army, the Executive Committee of the American Red Cross on January 13, 1921, authorized the chairman to make available for the New York County Chapter funds not to exceed $40,000, or such part thereof as might be necessary to cover assistance through the New York County Chapter to nurses in the Army School of Nursing taking the course in public health nursing at the Henry Street Settlement and Teachers College, New York City. This was in continuation of assistance which had been given through the same channel and under the same conditions during the previous year and was to come, if feasible, from funds which had been set aside by the National Organization for financing the work of the New York County Chapter by special arrangements with this Chapter. Up to December, 1920, eighty students had taken the course, and seventy-nine more to June, 1921.
>
> Scholarships amounting to $6000 for 1919-20 were given to Major Julia C. Stimson, Dean of the Army Nurse Corps to be used for thirty students of the Army School of Nursing at the Letterman General Hospital for incidental expenses in connection with the course in public health nursing at the University of California; $2250 were given in March, 1921, and $2280 in August, 1921, for the same purpose.

The Army school had an immediate and pronounced success. The foremost civilian training schools for nurses affiliated with it and by the date of the Armistice, it had 1099 students on duty in twenty-five hospitals, 567 more awaiting assignment and a total of 10,689 applications filed. One of the valued pieces of work accomplished by the Red Cross Bureau of Information for Nurses, established during demobilization, was to refer to civilian schools of nursing these 567 accepted candidates for the Army school.

Following the plans for the continuance of the Army school,[13] it was made a permanent school in July, 1919, and Miss Goodrich then returned to her work at Teachers College. She was succeeded by Julia Catherine Stimson as dean.

By the early part of 1918 the Surgeon General's office had given out the word that fifty thousand graduate and student nurses must be enrolled and available during the period up to January, 1919.

The Red Cross Nursing Service had already taken definite steps toward enrolling a quota of five thousand nurses that had been asked for by the Surgeon General's office for the period ending June 1, 1918. On March 14 Miss Delano reported these steps as follows:

> A letter to the superintendents of 2000 or more training schools urging them to increase the supply of nurses for immediate service by advancing the date of graduation.
>
> A letter to the boards of registration urging early examinations and as prompt action upon papers as possible. (The provisional enrollment has been authorized to accept nurses pending the return of the result of their examination.)
>
> A special letter to the State Nurses' Associations explaining the necessity of close coöperation with the Divisional directors.
>
> A circular letter was also sent to the ten thousand subscribers of the *Journal* calling attention to the need of nurses, the War Risk Insurance and the necessity of registration.
>
> A small enrollment leaflet has been sent out in the general correspondence of the Divisional directors and also in the correspondence of the *American Journal of Nursing* and to the subscribers.
>
> A special letter from the director of the Bureau of Field Nursing was also sent out to the superintendents of 2000 or more training schools urging them to organize training school units from the senior class and the alumnæ associations.

Now in view of the greatly increased requisitions the Red Cross decided to conduct an intensive "drive" for nurses between the dates of June 3 and July 17, 1918. Miss Delano wrote in April in the *Journal:*

[13] "No act of Congress authorizing the Army School of Nursing has been passed to date (1921). It is continued as a group of 'civilian employees of the Medical Department.'"

J. C. Stimson.

The survey which has recently been made [by nursing societies] indicates that there are not more than 65,000 registered nurses in the United States. If we are to meet the needs of the Army and the Navy with registered nurses alone, it will be necessary to withdraw not far from fifty per cent of the total number of registered nurses. Even though we include all graduate nurses who are not registered, placing the total at about one hundred thousand, at least thirty-three per cent of the entire number must be secured, if we are to provide nursing care for our Army and Navy.

In view of these figures it seems evident that a special campaign for the enrollment of nurses must be undertaken, not only to bring to the nurses the great need, but to insure the coöperation and assistance of the public and physicians of the country as well. It does not seem fair to place upon the nurses the entire responsibility of a decision. We believe that the community must share with the nurse the responsibility for her withdrawal from the community and protect her as far as possible from too great a financial sacrifice. The Red Cross is therefore taking steps toward organizing a definite campaign which we hope to undertake in the early spring.

A special committee has been appointed by the chairman of the National Committee on Red Cross Nursing Service, representing the three national organizations of nurses, to aid in preparing the publicity material and in carrying out this special campaign. The representatives of the three organizations are Katharine DeWitt, secretary of the nurses' association and assistant editor of the *American Journal of Nursing;* S. Lillian Clayton, president of the National League for Nursing Education; and Ella Phillips Crandall, executive secretary of the National Organization for Public Health Nursing and of the Committee on Nursing of the Council of National Defense.[14]

The Surgeon General himself wrote an appeal to the Red Cross in behalf of the drive. He said:

May 25, 1918.

I am informed that on the third of June it is the intention of the Red Cross to start a Drive for Nurses for the Army.

The American Red Cross is a great recruiting agency for Army Nurses and through this agency I wish to appeal to the nurses of the country to enroll for service in the Nurse Corps of the Army.

[14] Red Cross Department, *American Journal of Nursing*, April, 1918.

> The need of a great number of nurses is acute, and any assistance the Red Cross can render the War Department in obtaining for the Army Nurse Corps the number of nurses required will be a service to the country.
>
> (signed) WILLIAM E. GORGAS,
> Surgeon General, U. S. Army.

The machinery used for the drive was very largely the organization of the Red Cross Chapters, which had taken on vast dimensions under the war stimulus. In August, Miss Delano summed up the methods used for, and the results obtained by, the drive:

> It was decided to call upon the Chapters of the American Red Cross to coöperate in securing the required number (it may not be generally known to the nurses of our country that the Red Cross now has a membership of more than 22,000,000 adult members and 9,000,000 junior members, with 3885 Chapters, 14,208 chapter-branches, and auxiliaries); in order that the vital need of our country for nursing service might be brought to practically every graduate nurse in the country. It was understood, of course, that the formal applications for enrollment should come in through the usual committees on Red Cross Nursing Service and the Division officers.
>
> This was a new departure, and the results have confirmed us in the belief that our nursing service will be greatly strengthened by this close contact with the general membership of the American Red Cross. We have found the Chapters throughout the United States most coöperative and anxious to assist, and we feel that the Nursing Service of the Red Cross will be permanently benefited by the relationship which has been established in this way.[15]

Results of the "Nurses' Drive" can best be appreciated by a brief comparison of enrollments during the fiscal year of 1917-1918 and the subsequent five months terminating November 1, 1918. No method for determining the exact returns of the drive was attempted, but the unparalleled increase in enrollment over previous months was due in large part to this publicity campaign and to the unceasing labors of local Chapters and committees on Red Cross Nursing Service.

During the fiscal year of 1917-1918, 11,213 nurses were enrolled, an average of 817 a month. The impetus of the

[15] Miss Delano in *American Journal of Nursing*, August, 1918.

"nurses' drive" was first felt in June, 1918, when enrollment increased from approximately 900 to 1500 nurses. During July 2664 nurses were enrolled and in August 2700, the highest figure reached during the war. For the five months beginning July 1 and ending December 1, 11,118 nurses joined the Red Cross reserve, an average of 2220 nurses a month—an increase of almost 300 per cent over previous months and a number equal to the entire enrollment in 1917.

By the autumn many Division directors reported that they had reached and passed their quota, but the cessation of hostilities then made it needless to enroll further members. In speaking before an audience of nurses a year later, Miss Noyes gave some interesting details of the immense and fatiguing labor involved in the enrollment and the intensive "drive." Alluding to Miss Delano she said:

> Working with her at National Headquarters for over two years, it was my privilege to see something of her devotion to the cause which she served. Many times when we reached the end of a weary day's work and the pressure seemed almost more than human power could stand I have heard her say, when asked if she were tired, "Well, I suppose it is no harder for us to die at our desks than for the boys to die in the trenches."
>
> When the Armistice was signed the papers of six hundred nurses were in the War Department ready for assignment and several thousand more had given their date of availability between that time and January 1, 1919. With the addition of those who had entered the Army (3000) and the Navy Nurse Corps (500) direct, the total number of nurses in service at the time the Armistice was signed was, as nearly as it is possible to estimate, about 25,000.
>
> The Army had asked for the phenomenal number of 25,000 nurses by January 1, 1919, and 50,000 by the first of June, 1919. Great anxiety had been felt on the part of those who were working close to the scene, as to the possibility of meeting this demand and at the same time meeting the civilian needs of our Allies and of our own country.
>
> Figures speak for themselves. The response by the nurses to the call of the colors is a conclusive refutation of any criticism that they failed to meet their war obligations. It is easy to speak of 20,000 nurses, but impossible for anyone to picture the tremendous amount of work in connection with the enrollment and assignment of these to service. The or-

ganization at Red Cross Headquarters had to be developed with the utmost regard for complete coöperation.

In order to prepare a nurse for duty with the military establishment it was frequently necessary to send many communications both by letter and telegram back and forth before the nurse became sufficiently stable to refer her papers to the War Department. This was necessary lest some accident occur whereby the transportation which was issued from Washington might go to an address at which the nurse could not be found. To prepare a nurse for service directly under the Red Cross was even more difficult, as the precautions adopted by the State and War Departments before a passport could be issued were extremely complicated. Investigations through the Military Intelligence Department for loyalty were required for everyone, and it frequently took weeks and even months to secure the passport of a nurse for overseas duty with the civilian population in those countries that were turning to the Red Cross for help. I mention thus briefly some of the purely routine procedures that held the individuals in charge of the various bureaus under the Department of Nursing at their desks from early morning until late at night, holidays and Sundays, from the time diplomatic relations with Germany were broken until several months after the signing of the Armistice.[16]

The Student Nurse Reserve campaign, like that for the creation of the Army School, was stimulated electrically by the very high figure issued from the Surgeon General's office early in 1918, in estimating the probable need for nurses and assistants. A formal statement of the launching of the campaign is found in a letter from Dr. Franklin Martin, member of the Advisory Commission, Council of National Defense to Mr. Henry P. Davison. It was dated June 27, 1918, and ended with the words:

> . . . Immediately following these reports, Miss Patterson, director of the Woman's Committee, Council of National Defense, presented an outline of a campaign, as extensive in its scope as that of the Red Cross enrollment of nurses, for recruiting 25,000 students for both military and civilian hospitals, which her committee is about to launch at the request of the Committee on Nursing of the Council. As you know, the Surgeon General's office, the Red Cross and the General Medical Board are coöperating.

[16] The Red Cross Nursing Service, Twenty-fifth Annual Report, National League for Nursing Education, 1919.

The Red Cross coöperated by circularizing all of its Chapters, by opening Chapter offices as recruiting centers and by assigning Red Cross workers to help carry on the campaign. The publicity material was the work of Miss Nutting's committee and was submitted for approval to the Publicity Department of the American Red Cross. An example of the material follows:

> The Government is now calling for 25,000 young women to join the United States Student Nurse Reserve and hold themselves in readiness to train for service as nurses.
>
> Age: The call is for women between the ages of nineteen and thirty-five.
>
> Qualifications: Intelligent, responsible women of good education and sound health are wanted—the pick of the country. A college education is a valuable asset and many hospitals will give credit for it. Credit will also be given for a special scientific equipment or for preliminary training in nursing, such as that given in special courses now being conducted by various colleges and schools.
>
> Enrollment: Women will be given an opportunity to enroll in the United States Student Reserve in any one of three ways:
>
> 1. As engaging to hold themselves in readiness until April 1, 1919, to accept assignments to nurses' training schools in civilian hospitals.
>
> 2. As desiring to become candidates for the Army Nursing School recently established by authority of the War Department, with branch schools in selected military hospitals.
>
> 3. As engaging to hold themselves in readiness until April 1, 1919, to accept assignments to either a civilian training school or the Army Nursing School.

The Student Nurse Reserve campaign was a work of infinite detail and in its course many puzzling and exceedingly complicated obstacles of an educational or economic nature were met with. Its results shed light upon our own professional problems and may even be found helpful in other countries. For this reason some parts of the final report are here given:

> The entire program as outlined was dependent upon keeping up a large, steady supply of candidates of superior quality for both our civil training schools and the Army school, and it was soon evident that the latter would arouse great interest and attract many desirable applicants. . . .
>
> . . . There are many practical difficulties to be overcome. For example many grammar school graduates are not eligible

in the state in which they enlisted, and they may be unable to bear their expenses even to an adjacent state. Thus while vacancies still exist and applicants await appointment, it is often impossible to accommodate either. The large number of reassignments are due chiefly to three causes, i.e.: (a) Lack of information on the application forms regarding denominational preference. (b) Inability of the candidates to meet the expenses of travel and equipment. (c) Direct recruiting in localities, in many instances, into their own schools instead of through this committee.

Disappointing delays have arisen, due largely to four causes, i.e.: (a) Incomplete application forms. (b) Incomplete and often inaccurate information regarding age and educational requirements and the number of students needed. (c) An utter lack of precedent for or experience in such a piece of work. (d) Inadequate staff of workers.

However the fact remains that, whereas in June, July and August, many hospital training schools were suffering for lack of students, there are now thirteen states (this number was later increased to seventeen), in which needs of all schools have been met.

As the need for large numbers was urgent and immediate, and as fourteen state laws called for only grammar school education, the committee thought it necessary not to exclude such applicants in the first drive. Later two years of high school was made the minimum requirement. By common consent, the thousand and more ineligible candidates were urged to accept positions as attendants or to enter for training as attendants in hospitals for the mentally sick, children's orthopedic hospitals and tuberculosis sanitaria, institutions in which an almost tragic need of workers existed. Many letters from these institutions have expressed the greatest appreciation of and gratitude for the committee's offer of assistance. Unfortunately very few of these young women were willing to accept such service.

A little less than thirty-three per cent of the candidates were referred to the Army School of Nursing and the remainder to civilian schools, each candidate having been given the privilege of choosing which she would enter. Even though many states failed to recruit the necessary numbers to fill all vacancies within their schools, though a considerable number of candidates proved ineligible, and though there have been other inadequacies as the work proceeded, of which the committee has been constantly aware, there is ample evidence that the campaign met a very great need at a time of both local and national emergency. A complete report of candidates

recruited and assigned has been prepared by states and by schools and copies sent to each state.[17]

The campaign was closed on December 15, 1918. Some 14,000 or more applications were dealt with and of these, 13,800 odd candidates were enrolled for entrance into schools for nurses. Those who met all the requirements numbered 5380 and were assigned to the Army school. To the civil schools of nursing 5185 were directed. The others were on a waiting list. Much was learned of the hospitals. In one state alone, for example, twelve hospital training schools were dropped from the accredited list, as undesirable for the training of Student Nurse Reserve candidates.

The instructions and demonstrations to volunteers for making surgical dressings for the Army were first given by Red Cross nurses. As the work spread over the country, it was standardized by regulations from the Nursing Service in consultation with Army surgeons. It was estimated that 8,000,000 women working in Red Cross Chapters made 253,000,000 surgical dressings between April 6, 1917, and October 1, 1918, while for twenty months ending February 28, 1919, the number was 306,966,759. There were more than 30,000 workrooms, where aseptic conditions were maintained as in the surgical workrooms of a hospital. In addition to the dressings, many millions of other articles of clothing and hospital equipment were made.

When the Mercy Ship sailed at the outbreak of the war, a small group of Washingtonians went immediately to work to prepare surgical dressings for the Red Cross. Admiral M. E. Mason, chairman of the District of Columbia Chapter, appointed a committee composed of Abbie B. and Edith M. McCammon, Annie Power and Mary Randolph to develop this activity. In a little shop on Eleventh Street, donated through the generosity of Mr. M. A. Leese, they opened on December 1, 1914, the first official Red Cross workroom—the parent of hundreds of supply depots, later set up in libraries, railroad terminals, department stores, clubs, Sunday School rooms and remote country schoolhouses.

At a meeting of the National Committee on Red Cross Nursing Service, held June 20, 1917, in New York City, Miss Delano described the work of this first committee on surgical dressings:

[17] Report of the Committee on Nursing, General Medical Board, Council of National Defense, April, 1919.

A circular was issued in 1915 and distributed generally to Red Cross Chapters. This was used as a basis of work until the publication early in 1916, of a second pamphlet intended for United States War Relief. At this time, the standard boxes were also adopted and their contents defined. In order to maintain a definite standard for the preparation of these dressings, we realized that a course of instruction must be adopted. A plan was accordingly worked out and appointment cards authorizing their recipient to act as instructors, were issued to those recommended for this work by the committees in charge of our surgical dressing workroom.

During the spring of 1916, classes were organized not only in connection with our Chapters but in coöperation with the Woman's Section of the Navy League. It may be interesting to state the method followed in the adoption of standard dressings. In coöperation with the Supply Department of the Red Cross, I visited various hospitals in Boston and elsewhere, such as the Boston City Hospital and the Presbyterian and Bellevue Hospitals in New York City, and selected samples of their various dressings, operating-room gowns, helmets, etc. We then secured complete sets of dressings from the Army and Navy Hospitals, so that we had typical dressings from about twelve different hospitals.

A conference was then held between surgeons and nurses from the Army and Navy, Red Cross personnel and several nurses who had had experience in Europe. The various dressings were examined and those which seemed common to a majority of hospitals were selected. A sample box was prepared and submitted to directors of units such as Dr. Crile of the Lakeside Hospital in Cleveland. Slight changes were made on their suggestions, and the so-called Red Cross dressings were adopted.

In September, 1916, the responsibility for hospital supplies was turned over to Miss Noyes. She and Dr. Richards, a representative of the Navy, revised the supply circular, but no radical changes seemed necessary.

Throughout the winter months of 1916 and 1917, the interest of women in all parts of the United States in the preparation of surgical dressings developed beyond the capacity of a central office at National Headquarters to handle. Miss Noyes had prepared a special course in the making of these dressings and also a second course, after satisfactory completion of which the student was certified as being able to act as an instructor for other classes in the preparation of dressings.

Hundreds of certificates, one for the general course and a second for the instructor's course, went out under Miss Noyes' signature to all sections of the country and became the keystone over which the Red Cross workrooms sprang up in schoolhouses, churches, clubs and industrial centers.

Before a woman was certified as an instructor, she was required to submit a sample box of the various types of surgical dressings. No sooner had Miss Noyes examined and cleared her desk of these samples than the Mail Division would send up a hundred more. The top floor of the "Marble Palace" billowed with cotton and gauze. Vashti Bartlett was the first nurse to assist Miss Noyes; later, volunteer nurses from Washington lightened the burden of the overtaxed director and her assistants. Among these was Mrs. Charles Silliman (Mary V. Lee, Johns Hopkins). After examination, these innumerable white pads and neatly-folded bandages were passed on in clothes-baskets to Mrs. Theodore W. Richards, who sorted out the perfect articles and packed them into complete model boxes to be returned to Chapter workrooms.

To zealous women waiting impatiently in Red Cross Chapter and Branch headquarters for their certificates, the Nursing Service may have seemed over-exacting in their insistence upon perfect dressings. Sharp adherence to standards resulted, however, in great economy of materials and time. Overworked nurses in evacuation and base hospitals, moreover, could not stop to refold a pad whose ravelled edges might result in discomfort and danger to their patients. Great pressure was being brought to bear at this time upon the Nursing Service to change the types of dressings to suit the preferences of individual surgeons. The aim of National Headquarters had always been to prepare a type of dressing which anyone could use. As this standard had been reached after conference with leading authorities of the Army, the Navy and civilian institutions, Miss Noyes turned a polite but deaf ear to protesting physicians who came to interview her. After the Nursing Service had given over this work to the Women's Bureau, a special committee went to Europe to study the entire question, and the Red Cross models were later changed.

On June 23, 1917, Miss Noyes wrote as follows to Col. Kean:

> Since January 1, the work of the Surgical Dressings and Garments Division of the Bureau of Nursing Service has expanded with great rapidity. Thousands of inquiries are com-

ing to us from Chapters, branches of Chapters, auxiliaries, groups of workers and individuals who are interested in the preparation of surgical dressings and hospital garments. Every new Chapter and auxiliary at once desires this particular work. Although circulars of information and detailed directions are sent concerning the organization of classes and the manufacture of dressings and garments, questions are constantly arising which must be referred to an authoritative head.

We have divided the country into eight districts—Boston, New York City, Philadelphia, Baltimore, Cleveland, Chicago, Colorado Springs and San Francisco, for distribution of sample boxes of dressings, patterns, emblems and information. As the pressure upon these Chapters has increased, it has seemed desirable to authorize other distributing centers and the following are preparing to qualify as such—Atlanta, New Orleans, St. Louis, Minneapolis and Seattle.

It would be safe to say that workrooms have not only been established in all of our cities, but towns and country districts have developed in the same direction. The following workrooms stand out conspicuously as models of efficiency:

New York City as developed under Mrs. Belmont Tiffany.
Chicago as developed under Mrs. John Glass.
Washington, D. C., as developed under Mrs. T. W. Richards.
Baltimore as developed under Mrs. Thos. S. Cullen.
Cleveland as developed under Mrs. E. S. Burke.
There are many others equally proficient.

The statistics appended show the status of the work at the present time:

Since December 15, 1916.

No. of completed surgical dressings classes	330
No. of pupils qualified	4799
No. of enrolled Red Cross nurses qualified	156
No. of lay instructors qualified	363
No. of sample boxes sent from this office	451

You will note that 156 Red Cross nurses have been qualified and enrolled as instructors in this course, but we believe that the instruction and management of workrooms could safely be entrusted to our qualified workers and lay instructors. Red Cross nurses are required for the more important work of caring for sick and wounded soldiers and sailors.

To provide administrative channels through which this transfer could be effected, the Executive Committee established July 2, 1917, under the Department of Chapters, a bureau

through which all women's activities for the Red Cross (other than professional nursing) should be recognized and developed. The vice-chairman also appointed a Woman's Advisory Committee, consisting of the following members: Mrs. William K. Draper, chairman; Miss Mary Goodwillie, vice-chairman; Miss Mabel T. Boardman, Mrs. Joseph M. Cudahy, Mrs. Frank V. Hammar, Mrs. E. H. Harriman, Mrs. George Wharton Pepper, Mrs. Leonard Wood, Miss Lavinia H. Newell, Mrs. William H. Crocker, Mrs. Preston S. Arkwright, Mrs. August Belmont, Mrs. J. Randolph Coolidge, Jr. To the Woman's Bureau, of which Miss Florence M. Marshall was director, was immediately delegated all work connected with surgical dressings, hospital garments and refugee clothing.

In the Red Cross Annual Report for 1917, Miss Delano summarized the benefits derived from this transfer:

> This reorganization served two purposes; it released a large number of nurses, who have been acting as instructors in surgical dressings and hospital supplies, for other service, and it marshaled the forces, not only of women volunteers, who were fitted to become instructors, but of the great army of volunteer workers throughout the country just when the emergency demanded such a realignment. It left the Nursing Service free to deal with its purely professional duties.

During the period in which the United States was at war, several surveys of the nursing profession were made in order to obtain a working estimate of the nursing strength of the country. Immediately after the declaration of war by this country, the National Committee on Red Cross Nursing Service, as a first step, carried out a preliminary classification of its own enrolled members under the heads of nursing specialties. Miss Delano wrote:[18]

> With the declaration of war, there was a decided increase in the application of nurses for enrollment with the Red Cross. The enrollment from January 1 to October 31, 1917, has been over 7000, giving us a total enrollment on October 31 of 14,628. To meet the demands for nurses with special training, a classified list of the entire enrollment has recently been made and special groups of nurses selected for the following services: pediatric work; orthopedic work; nervous and mental diseases; head and neck surgery; contagious diseases; public health work; eye and ear work.

[18] Eighth Annual Report, American Red Cross, December, 1917.

Further than this, the first census of the entire nursing resources of the country was set on foot early in June, 1917, by the Nursing Department of the Red Cross. This consisted of an exhaustive survey of all the hospital training schools in the United States. It was Miss Delano's own idea and was carried out entirely under her direction by Miss Deans, whose exceptional knowledge of training schools and nursing standards made her an unusually capable worker on such lines. This survey was completed by August 18, 1917.

The survey was conducted by first writing to the Boards of Examiners of the different states, to ask for complete lists of all accredited and non-accredited training schools of the state. The Boards of Examiners replied with promptitude and accuracy to this request and the survey was then pushed further by sending a questionnaire to all the training schools thus listed, asking for careful and detailed statements of their educational standards, practical services and nursing resources. An alphabetical list by states was then made showing all the hospital training schools by name and address. From the replies received to the questionnaire the training schools were classified under six headings.

Prior to the war, the Red Cross Nursing Service had simply listed training schools whose graduates were eligible for Red Cross enrollment; where supplementary training was necessary, this information had been placed upon the file card. But now the classification was as follows:

Class A. Schools which meet Red Cross requirements.
Class B. Schools whose graduates are of a high grade and the training general in character, including men, but daily average number of patients below fifty.
Class C. Schools which are small but training good as far as it goes.
Class D. Schools connected with private hospitals having affiliation with general hospitals.
Class E. Schools not accredited but likely to be.
Class F. Schools which are undesirable.

The care and thoroughness with which this survey was conducted, as well as the helpful readiness of Miss Delano's office to point out ways of raising standards, may be deduced from the following illustrative selections from the letters sent out from and received by the Department of Nursing:

(Letter Sent to Boards of Examiners):

The Red Cross is making every effort to anticipate the demands which will be made for nurses not only in Europe, but in our own country should the war be of several years' duration.

With this in view we are asking for the coöperation of the American Nurses' Association, state associations of nurses, State Boards of Examiners for Nurses and hospitals to assist us in meeting all emergencies which may arise.

We are enclosing a list of schools accredited by your State Board of Examiners, together with a questionnaire to be used in supplying the information we require, also a copy of the requirements for enrollment in the Red Cross.

Would it be possible to conduct special examinations, as many nurses are eligible as soon as graduated, but have to wait several months to take this examination? The Red Cross would greatly regret the necessity of lowering its standard for enrollment without this requirement of registration.

Could you furnish us with a list of nurses as soon as they have passed their examinations, in case there should be an unavoidable delay in issuing their certificates?

It is absolutely essential that we have definite information on file of all the nurses in the country, and believe there is no one in a better position than the Board of Examiners to furnish the probable number of nurses available in its state.

It may be necessary to supplement the nursing service both in military and civil hospitals with women who have had at least the course in Elementary Hygiene and Home Care of the Sick. This theoretical instruction should be supplemented by 72 hours in a carefully selected group of hospitals and we shall appreciate your interest in suggesting training schools which can be safely entrusted to give this instruction.

Assuring you of my sincere appreciation of your efforts in behalf of the Red Cross, believe me, to be,

Yours very truly,
(signed) JANE A. DELANO,

August 4, 1917.

My dear Miss ————:

I appreciate greatly your letter received this morning and your willingness to take for post-graduate work some of the registered nurses who are graduates of the hospitals somewhat under our required average.

We are interpreting this requirement a little more leniently and have decided to accept schools recommended by Boards of Registration as giving a sufficiently thorough training to

qualify its graduates for Red Cross service. A number of other schools have expressed their willingness to provide some post-graduate work for their nurses, and we shall be very glad to accept the four months' experience in your hospital for such nurses as you may recommend for service.

Assuring you of our sincere appreciation of your service, believe me,

Yours sincerely,
(signed) JANE A. DELANO,

August 29, 1917.

My dear Miss ————:

Your second list of the small schools in ———— with other information received for which I thank you.

We have a large number of applications from nurses graduating from small schools who might be eligible for enrollment, provided they have some subsequent experience or training and I should be glad to have the names of the schools in ———— which offer post-graduate work for nurses.

We are urging these nurses that do not meet the requirements to take this subsequent training and recently have heard that the ———— Hospital of ———— and the ———— Hospital of ———— are offering special post-graduate work to graduates who do not meet the requirements of the American Red Cross.

Thanking you again for your helpful information, I am,

Yours very truly,
(signed) JANE A. DELANO,

December 7, 1917.

In view of the tremendous demands now being made upon us for nurses in the cantonment hospitals, we are waiving the requirement of affiliation with the American Nurses' Association. I feel sure that this requirement can be far better sacrificed than that of registration, or the character of the school from which the nurse graduated.

Will you therefore forward to Division office at once any papers which you are holding pending affiliation, securing at the same time their physical examination blanks together with a reliable address and a statement concerning their availability for service? Will you also announce to the nurses in your community that the applications of those meeting other requirements except affiliation will be considered and forwarded to Washington, thus stimulating increased enrollment?

I would suggest, in view of the fact that practically all of the cantonment hospitals need additional nursing personnel, that you request each member of your committee to secure at once the enrollment of as many nurses as possible. Kindly ask the nurses securing these enrollments to write their names and addresses at the top of the applications, so that as the papers come in we may be able to give due credit on a chart which we are preparing, to the various individuals and committees.

The organizations of nurses in this country have assumed a definite responsibility for service in time of war, a far greater responsibility than rests upon any other group of women, and I feel sure that if the need is brought to them clearly, they will not fail at this time. If they do, we shall be responsible for any breaking down of nursing standards which may follow, and do inestimable harm to the schools and nurses of the country.

May I ask that you send me a telegram on the receipt of this letter, assuring me that you are taking the matter up promptly and vigorously? I would also suggest that applications of desirable nurses should be forwarded, even though not meeting our age requirements.

Yours sincerely,

(signed) JANE A. DELANO.

Brief mention of this survey and its results was made by Miss Delano in the following lines taken from her Annual Report: "Through the coöperation and assistance of State Boards of Registration, a classified list of all the training schools in the country has been secured."

With the formation of the Emergency Committee on Nursing in New York City, a nursing census was planned by it to be carried out on national lines according to a method which had been developed in a nursing survey of Greater New York by Miss Goodrich, a member of the (then) Emergency Committee on Nursing, for what was known as "The Mayor's [Mayor Hylan] Committee of Women for National Defense." When that committee of nurses evolved into the National Committee on Nursing under the Council of National Defense, its census plan was continued on a national scale during the summer of 1917. The machinery used was that of the American Nurses' Association and its state branches. The association made itself responsible for collecting the information asked for by Miss Nutting's committee and Miss Goodrich, as president of the

American Nurses' Association, directed the survey and communicated the results to the respective committees coöperating in war service.[19]

That census, carried out entirely, as it was, by unpaid volunteers, all of whom were in active nursing work and making no claim to be expert statisticians, was a creditable piece of work, of substantial practical value. While not a scientifically perfect survey, it was approximately accurate and sufficed for the immediate purpose. In contrast to the first Red Cross survey, which was a survey of training schools, this one was a census of individual nurses.

The information asked for was: (1) the total number of registered nurses; (2) the total number of graduate nurses, not registered; (3) numbers of pupils in registered or accredited training schools; (3a) in non-accredited training schools; (4) the total number of pupils graduating in 1918; (5) the total number of pupils that could be enrolled in the fall classes; (6) the total number of pupils that could be enrolled during the year.

The census figures showed that there were 66,017 registered nurses and 17,758 nurses not registered, making a total of 83,775 nurses. From the 1579 accredited schools, 13,288 nurses had been graduated in 1918, and from the 414 non-accredited schools, 1099 had been graduated, making a total of 14,387 of the 1918 classes, which brought the total number of graduate nurses available at the end of 1918 to 98,162.

As to the numbers of student nurses, 38,938 were in accredited schools, while 3633 were in non-accredited schools, making a total number of 42,571 student nurses in the United States. No figures were obtained from three states where State nurses' associations did not exist. The census was completed in March, 1918.

Early in 1918 Congress inquired into the nursing reserves of the nation:

> Mr. Trammell submitted the following resolution (S. Res. 185), which was read, considered by unanimous consent and agreed to:
>
> RESOLVED: That the Senate Committee on Military Affairs be, and it is hereby, directed to investigate and report to the Senate at the earliest practicable date the avail-

[19] See Report of Committee on Nursing (Council of National Defense) July 29, 1917.

> able number of trained nurses for service with the United States Army; and whether or not this present available number will be adequate for the needs of the Army when increased by the anticipated future increments, taking into consideration the increased demand when the Army shall more largely engage in active conflict; and to investigate and report on the advisability of at once establishing training sources or schools for nurses for future service with the Army Hospitals; and to investigate and report what, if any, provisions have been made to this end by the War Department.[20]

As the summer wore on and the Red Cross continued to draw nurses from institutional fields for the Military Establishment, Miss Noyes was confronted by the imminent possibility of breaking down completely the efficiency of the nursing systems in already overcrowded civilian hospitals. General Gorgas in August, 1918, was calling for one thousand nurses a week. The civilian population constituted, however, the second line of defense. Their health might be seriously undermined by this exhaustive drain upon the supply of physicians and nurses. "We have only one graduate nurse left," wrote superintendents of smaller schools of nursing to Miss Noyes, "and if you call her into service, we shall be forced to close our doors." Some institutions had already done so.

To secure scientifically accurate data by which the Nursing Service might be guided in its withdrawal of nurses from civil establishments, Miss Delano and Miss Noyes suggested early in the summer of 1918 to the War Department and to officials at National Headquarters that the Red Cross make a complete survey of the nursing resources of the nation. On August 27, 1918, the Surgeon General wrote to Mr. Davison, chairman of the War Council:

> Because of the increased military programs it is necessary that there should be immediately available definite information as to the number of graduate nurses available for military service; also supplementary nursing personnel, trained hospital attendants, and all others who are qualified to render aid under the direction of graduate nurses in the care of the civilian population.
>
> As the Red Cross is the agency for recruiting nurses for the Army Nurse Corps I wish you would take immediate

[20] Congressional Record, January 16, 1918, p. 967.

steps to make a nation-wide survey of the nursing resources in order that a sufficient number of graduate nurses may be withdrawn for military service with the least interference to the possible needs of the civilian population.

(signed) WILLIAM C. GORGAS,
Surgeon General, U. S. Army.[21]

Immediate steps were taken for complying with Dr. Gorgas' request. The Minutes of the War Council meetings for the 119th meeting, held September 26, 1918, give a full account of what was done:

. . . under date of August 29, 1918 (D. R., p. 1469), the chairman had replied to the above letter of the Surgeon General of the Army, stating that the Red Cross deeply appreciated the importance of the work suggested, and that the acting general manager had been instructed to set up special machinery at Headquarters under expert guidance, to manage the survey which will be conducted through Red Cross Chapters.

The chairman further stated that a comprehensive plan had now been submitted (D. R., p. 1538) by the assistant general manager for the making of such a survey; that questionnaires had been prepared which would be sent out through the Chapters, through which very comprehensive information on the nursing resources would be made available; that, under this plan, an executive manager of the nursing survey, Mr. Frederick C. Munroe, had been appointed, and a special organization had been set up at National Headquarters, at the Divisional Headquarters, and thence to every Chapter and branch in the country; that the work of canvassing the field to secure facts about every nurse would involve a house to house canvas in many parts of the country, and hence would require large forces of workers; that if all the facts that can be useful are to be gathered from this survey, the tabulation work would be very great; that the number of questionnaires that would be sent to National Headquarters to be classified and analyzed is estimated roughly at 300,000; that tabulation of this great number of questionnaires can be done only by mechanical means, and that plans were now being completed to use the so-called "Hollerith System," which would involve machines, punches, special cards, filing cases, and a force of fifty or sixty clerks for about two months.

[21] Documents of Record, pp. 1468-69.

> He further stated that a request for an appropriation of $60,000 had now been received from the director of the Department of Nursing, approved by the assistant general manager, to cover the cost of making this survey, including the printing and distributing of questionnaires, Headquarters' expense for machines, punches, cards, filing cases, and clerical hire, and Division expenses for clerks, traveling and publicity. [The appropriation was granted.[22]]

The statistical division was under the direction of Mr. C. S. Quinn.

In a letter sent to all the Division directors, Miss Delano said in part:

> The survey is quite apart from the enrollment of Red Cross nurses and will be conducted more nearly like a census than an enrollment, and for this reason it will be necessary to secure the assistance of people who have had experience in conducting surveys and compiling statistics. Mr. Munroe, of Boston, who is an expert along these lines, has been placed in charge of the work at Red Cross Headquarters. I have already appealed to the State nurses' associations, who made the former survey, urging their coöperation and we *are advising with the Committees on Nursing of the American Red Cross* and the *Council of National Defense* and the *Surgeon General's office*. . . .
>
> We are anxious to secure definite information concerning all the nursing resources of the community, including not only graduate nurses, registered and unregistered, but pupil nurses, practical nurses, trained attendants, midwives, etc. This places the whole work on a different basis from any previous survey and will make available the information so greatly needed at this time to meet military necessities and protect the welfare of the communities.
>
> Definite plans outlining the work will be issued as soon as possible.

The coming of the Armistice with its welcome relief from high tension had an inhibiting effect on the processes of the survey and when, in the spring of 1919 the Bureau of Nursing Survey reported that field activities were drawing to a close, it had received but 57.9% of the expected returns. The questionnaires filled out in sufficiently complete form to be

[22] See Minutes of the 119th Meeting of the War Council, September 26, 1918, pp. 1556-1557.

utilized showed 155,918 women broadly classed as nurses, and coming under all the various headings indicated in the letter quoted above, from Miss Delano to the Division directors. From the averages it was computed that the whole number of nurses of all grades, in the country, would be about 269,288, but the minute classifications could not be pushed to a conclusion, nor was the final completion of the survey as a whole possible, after the return of peace.

CHAPTER VI

RELATION OF THE NURSING SERVICE TO THE ARMY

Organization of Units—Base Hospitals—Hospital Units—Emergency Detachments—Training School Units—Special Units—Cantonment Zone Service—Mexican Border Service—Equipment and Insignia.

POPULAR opinion has made of the American Red Cross nurse a romantic embodiment of personal beauty, of steadfast courage and sympathy, of womanly sweetness and gentle strength. It has, moreover, pictured her at the forefront of war, set high above the ugliness and stench of combat, unperturbed, serene and holy by reason of this beauty of person and character, a shining ideal toward which the dying soldier turned his glazing eyes.

Among the eighteen thousand American Red Cross nurses who served with the American Armies during the European War, sentimentalists could have found scarcely a single woman who fulfilled in outward appearance at least this radiant conception of the angel of the battlefields. Instead of the flowing white veil and the immaculate uniform of popular fancy and postered fame, the Red Cross nurse wore the utilitarian cap of the graduate nurse and the practical gray uniform of the field; sometimes she was muffled up in slicker, with storm boots on her feet and sou'wester pulled down over her eyes; or again she had drawn a sagging, weather-beaten sweater about her shivering body. Instead of a seraphic-faced girl, she was far more frequently a woman of mature years, long familiar with the seamy side of human relationships, long acquainted with the sadness born of working day and night with the two supreme realities of human existence, Life and Death. She had little opportunity for gentle speech to the wounded in moments of stress, only time and strength to utter brief words of instruction to corpsmen and stretcher-bearers who assisted her. Highly-trained instrument in the care of the sick that she herself

was, she could manifest no reactions of her own personality or of her own emotions. Though her throat might ache with sympathy, her mind must be alert, her eyes must be clear, her hands steady for the performance of her manifold duties.

As the personality of the individual woman was lost in the efficiency of the expert nurse, so was the identity of the American Red Cross Nursing Service lost in that of the Army Nurse Corps. So close was its relationship, so whole-hearted was its coöperation with the United States War Department that its nurses, during the last months of the duration of hostilities, cheerfully laid aside the Red Cross, that symbol of humanitarianism which had led them to pledge loyalty and service to an ideal of patriotic altruism, that they might conform in all particulars to the regulations of the Military Establishment.

How the individualistic humanitarian instincts of the relief worker during the Civil and Spanish-American Wars crystalized into the Red Cross ideal, how the affiliation of the American nursing profession brought this shadowy vision of the care of the sick and wounded of armies in war from the realm of vague aspiration into that of definite actuality, how this germ-idea developed into the official reserve of the United States Army and Navy Nurse Corps, has already been shown. Into this complex pattern of American war nursing, the lives and accomplishments of many women have been woven. Among the seven who in turn have stood at the head of the Government's nursing forces,—Dorothea Dix, Anita Newcomb McGee, Dita Kinney, Jane Delano, Isabel McIsaac, Dora E. Thompson, and Julia C. Stimson—the World War brought into sharp relief the last two as superintendents of the Army Nurse Corps.

By training and temperament, these women were both uniquely fitted for the work each accomplished in the Army Nurse Corps. Miss Thompson was a veteran member of this organization. After post-graduate work in operating-room methods at her alma mater, the City Hospital, Blackwell's Island, New York City, she did private duty nursing for four years in New York City. She was enrolled as a nurse April 22, 1902, in the then infant Army Nurse Corps and was appointed as a chief nurse in August, 1905. Service followed at Letterman General Hospital, where her work as chief nurse during and after the San Francisco earthquake was highly commended. Later, she was sent to Manila to serve as chief

nurse of the Division Hospital. In May, 1914, she became a member of the American Red Cross Nursing Service. During the same year, she was appointed Superintendent of the Army Nurse Corps, following the death of Miss McIsaac. In this capacity, she served until December 30, 1919, when she tendered her resignation. She then took extended leave of absence, at the expiration of which she was appointed assistant Superintendent of the Army Nurse Corps and at her own request was assigned to duty in the Philippines.

Painstakingly faithful to minutiæ, Miss Thompson possessed that type of mind often described as the first prerequisite to genius. Hers was an infinite capacity for detail, which made her invaluable in the performance of her sharply defined duties in the Surgeon General's office. Iron-clad regulations handed down by the high officials of the War and State Departments controlled to the last detail the complicated process by which an American Red Cross nurse was assigned to active Army service. Miss Thompson piloted the Army Nurse Corps through these narrow channels with a faithfulness characteristic of the "Army mind." Beneath a certain cold reserve of manner born of her exacting tasks, she possessed gentleness and sweet restraint. She was absolutely free from what may be termed the politician's instinct.

The meteor-like ascendency of Julia Catherine Stimson offered sharp contrast to the unobtrusive rise of her predecessor. In the blinding light of war, her dominant personality stood out in the same bold outlines as did her Amazonian physique. Her regular, boyish features habitually wore a thoughtful expression, which brought to the observer an impression of dignity and power. Her well-trained mental processes, clean-cut often to the point of brusque speech, were as direct in their focus as were her keen blue eyes.

The daughter of a New York clergyman, Miss Stimson was graduated from Vassar College and from the School of Nursing of the New York Hospital, New York City. For three years she was superintendent of nurses at the Harlem Hospital. She went to St. Louis in October, 1911, to do social service work in Washington University and in the St. Louis Children's Hospitals, and later became superintendent of nurses of the Washington University Training School for Nurses. She volunteered in 1909 for patriotic service under the Red Cross, when enrollment of nurses was being under-

taken through Red Cross Chapters. Her first opportunity for active duty under the Red Cross flag came in 1913 during the Ohio flood.

When the Red Cross Department of Military Relief authorized the organization of Base Hospital No. 21, within the Washington University Medical School, Julia Stimson was appointed chief nurse. She served with distinction during its subsequent assignment to the British Expeditionary Forces. Her successful work in the Washington University School of Nursing, as well as the fact that she was an alumna of Vassar, caused her name to be brought forward during the spring of 1918 as a natural selection for the head of the preparatory course of the Vassar training school project. The Chief Surgeon, American Expeditionary Forces, however, assigned Miss Stimson in April, 1918, to the office of the American Red Cross in Paris at the request of the Red Cross commissioner to serve as Chief Nurse of the American Red Cross in France. On November 15 of the same year, General Ireland, who throughout his service as Chief Surgeon of the American Forces in France and later as Surgeon General, United States Army, had been a stanch friend of the Red Cross Nursing Service, appointed Miss Stimson Director of the Nursing Service of the American Expeditionary Forces. In July, 1919, Miss Stimson returned to the United States to succeed Miss Goodrich as Dean of the Army School of Nursing. Secretary of War Baker appointed her Superintendent of the Army Nurse Corps five months later.

The special relationship between the Army Nurse Corps and the American Red Cross Nursing Service was defined in a paragraph drafted by Miss Delano when she was superintendent of the Army Nurse Corps and was printed in the (1916) Manual of the Medical Department, United States Army. The paragraph follows:

> 102. The enrolled nurses of the American National Red Cross Nursing Service will constitute the reserve of the Army Nurse Corps, and in time of war or other emergency may with their own consent be assigned to active duty in the Military Establishment. When the emergency necessitating the employment of reserve nurses is imminent, the Surgeon General will request the proper officer of the Red Cross Society to nominate from among the enrolled nurses qualified for the work to be done as many as the Surgeon General

may deem necessary to enable him to choose those for assignment to active duty.

(a) When called into active service they will be subject to all the established rules and regulations for the government of the Nurse Corps, and will receive the pay and allowance of nurses on the regular list.

(b) A reserve nurse will not be relieved from active service except by order of the Surgeon General. Except in case of misconduct she will, if she so desires, be furnished travel orders to her home before the order of relief shall take effect. . . .

(c) When a reserve nurse is assigned to active service the Surgeon General will by letter promptly advise the proper officer of the Red Cross Society to that effect. When she is relieved from active service he will communicate that fact likewise by letter, stating the cause of her relief and whether her services have been satisfactory.[1]

On December 18, 1916,[2] Secretary Baker issued Regulations Governing the Employment of the American Red Cross in Time of War, which contained the following paragraph: "10. The Red Cross units organized for service with the Army or for the purpose of training personnel therefor are: 1, ambulance companies; 2, base hospitals; 3, hospital units; 4, surgical sections; 5, emergency nurse detachments; 6, sanitary training detachments; 7, information service; 8, refreshment units and detachments; 9, supply depots: 10, general hospitals; 11, convalescent homes."

Efficient and friendly coöperation of the closest type existed during the European War between the Army Nurse Corps and the American Red Cross Nursing Service. By letter, by telephone, by special messenger, Miss Thompson and Miss Delano and Miss Noyes kept in touch with each other. Calls went from the Surgeon General's office, first located in the Mills Building and later moved to temporary offices flanking the Botanical Gardens at Eighth and B Streets, to National Red

[1] Manual for the Medical Department, U. S. A., 1916, p. 47.

[2] These Regulations of December 18, 1916, were later replaced by Special Regulations, No. 61, War Department, October 8, 1917, which Regulations "include and are identical with the Regulations Governing the Employment of the American Red Cross in Time of War (December 18, 1916) and General Orders No. 82, War Department, 1917." Special Regulations No. 61 formed the official guide-book of the American Red Cross during the remainder of the participation by the United States in the European War.

Cross Headquarters; Miss Noyes in turn sped these demands to Division offices and Local Committees; while the Red Cross publicity organization spread the appeals broadcast over the length and breadth of the land, until on November 11, 1918, the United States Army Nurse Corps totaled the largest body of professional women ever mobilized for patriotic service.

Far removed, however, from its final war strength of 21,480 members was the Army Nurse Corps on April 6, 1917. Only 235 regular and 165 reserve members constituted the Government's nursing forces when the United States declared war.

Military science decreed that the sanitary personnel within the armies of civilized countries should constitute ten per cent of the strength of the forces. Secretary Baker confirmed this opinion by his orders of June, 1917. The General Staff, American Expeditionary Forces, finally agreed that the total sanitary personnel, officers, nurses and enlisted men, should be seven and sixty-five hundredths per cent (7.65%). The Chief Surgeon in a letter submitted August 11, 1917, to the Chief of Staff stated that for an army of one million men, 22,430 nurses would be required. He added that "it is believed that if this calculation is erroneous, the error will be on the side of conservatism." [3]

The Army estimated that the ratio of one nurse to every ten hospital beds was a safe one. In a memorandum prepared in February, 1918, by the Surgeon General's office for Secretary Baker, the following statement was made:

> The ten-bed-to-one-nurse ratio is admittedly a restricted allowance, offering scant margin of safety to take up a serious epidemic. As shown on the tabular sheet, the present actual ratio in the United States is one nurse to 15.8 beds. To meet an epidemic emergency, additional nurses must be requested after the need has appeared, making at least temporary inadequacy inevitable.[4]

The assignment to active duty of fifty base hospitals organized by the Red Cross in 1916 and 1917 for the Army formed the skeleton of the hospitalization of the United States Medical Department in France. When these massive columns were

[3] "History of Nursing Activities, A.E.F., on the Western Front during the War Period," J. C. Stimson, p. 7, Surgeon General's office, Wash., D. C.

[4] See letter written by Jane A. Delano on February 15, 1918, to General William C. Gorgas; Red Cross Archives, Wash., D. C.

ordered overseas during the summer of 1917 and to the cantonments of the National Army, Surgeon General Gorgas authorized the organization of fifty additional ones, beginning with Number Fifty-four. These base hospital units were to be organized on a basis of five hundred beds, with a nursing personnel of sixty-five members. The Surgeon General's office stated that they did not believe that these units would be ordered into the field, however, until after the original fifty base hospital units which the Red Cross had organized and equipped had been called into active service.[5]

The first branches of the American Army to see foreign service were six base hospital units which were assigned to duty with the British Expeditionary Forces several weeks after the United States declared war. Upon arrival in France, these units were placed in charge of six British general hospitals, of from fifteen hundred to twenty-five hundred bed capacity, which were located in the Rouen and Le Tréport areas. The original nursing staff of sixty-five members was found to be inadequate, so the Surgeon General's office called for additional nurses in sufficient numbers to raise the staffs to one hundred nurses each. Nurses from Red Cross hospital units were used for this purpose and "casuals" were also sent over. The organization of all future base hospital units was undertaken on a basis of one hundred nurses rather than sixty-five.

On February 21, 1918, Miss Thompson wrote Miss Delano of the first change in method of assignment of reserve nurses to active service from the former system of unit organization. The Surgeon General's office suggested that, in the future, the nurses who were enrolled by the Red Cross should not be assigned to specific base hospital units, as had been done with the first fifty, but that they should be held as a general nursing reserve, to be called upon as available and as needed. "The advantage of this procedure," wrote Colonel Winford Smith, then in charge of the Base Hospital Division of the Surgeon General's office, "would be that it would not be necessary to keep track of specific groups which might have to be withdrawn from service at some place to go with the base hospital to which they had been assigned, nor would it be necessary to hold nurses on the inactive list because of their

[5] See letter written by Dora E. Thompson to Clara D. Noyes, October 8, 1917.

assignment to base hospitals not yet in service. If the nurses are enrolled in a general reserve, they can be called as needed and assigned where they are needed most." [6] Under this plan, the Surgeon General's office hoped to develop a reserve supply in the cantonment hospitals, from which nurses would be drawn when a base hospital was to be organized for service in Great Britain or France.

The method by which the Surgeon General's office advised the Nursing Service of the needs of the Army is well illustrated in two requests for nurses which were received in the late winter and early spring of 1918. On February 28, 1918, Colonel Smith wrote Miss Delano that the Surgeon General would require approximately five thousand nurses between March and June, in addition to those already assigned to base hospital units. Miss Thompson partially echoed this request in a letter written to Miss Noyes on March 4, in which she asked that the Red Cross "nominate as soon as possible 450 nurses needed for immediate assignment, in addition to the one hundred nurses" a month which the Red Cross was mobilizing during January, February and March for immediate assignment to the American Expeditionary Forces.

During the middle of December, 1917, Miss Noyes had experienced difficulty in convincing nurses that the time had arrived for them to relinquish their civilian affiliations and to undertake active military service. The Red Cross enrollment, then of eight thousand nurses pledged to active service upon call, was at this time wholly unclassified. Two methods of utilizing this nursing reserve confronted Miss Noyes: on the one hand she might weed out from the general files of the Nursing Service by detailed and tedious correspondence the names of all women who met the citizenship and physical requirements of the Surgeon General's office and who were, moreover, willing to respond to an immediate call; on the other hand she might present the military need to the nursing profession by speaking personally to large groups of nurses in all parts of the country. She finally decided to take a speaking trip during December, 1917, and January, 1918, through the principal cities of the United States to address mass meetings of nurses. She returned to Headquarters during the middle of February, 1918.

[6] See letter written by Dora E. Thompson to Jane A. Delano, February 21, 1918.

Hardly had she begun when she found out the reasons why nurses were slow to volunteer for the additional base hospitals and the groups of "casuals" for which the War Department was then pressing the Red Cross. To her appeals for nurses for cantonment hospitals in this country, members of her audiences responded with the statement that three thousand nurses were known to be listed upon the muster-rolls of the fifty base hospitals then awaiting assignment to active duty, and that several hundreds of these very women had been marking time for weeks at the port of embarkation, Ellis Island. Their transportation was delayed on account of orders to hold all non-combatants and to rush the combatants overseas, but this information, of course, was not given out to the public for obvious reasons; nor was it known in the Surgeon General's office when the nurses would be sent overseas. Notification as to accommodations on the transports was often sent but a few hours before sailing. As long as the services of these women remained unutilized, argued Miss Noyes' listeners, the demands of the cantonments could not be so urgent. Direct foreign assignment, moreover, appeared far more picturesque, more desirable. On the other hand, the Surgeon General's office held to the policy that the nursing staffs of base hospitals should not be scattered among the cantonments at this time, as the sailing of their units was imminent and it was thought that their assignment and almost immediate withdrawal would add to the already heavy burden at the camps. Miss Thompson and Colonel Smith, naturally, knew that an initial experience in military routine in the cantonment hospitals for nurses as well as for officers and enlisted men would heighten their efficiency, so in order to correct the general misunderstanding that the Red Cross was in no great need for nurses for the Army, the nurses of the various units were finally sent to the cantonments and Army general hospitals throughout the country for duty pending the sailing of their units. Miss Thompson wrote Miss Delano on March 8, 1918: "In order to meet the need for nurses in this country, the entire group of nurses attached to base hospitals not yet ordered out, will be ordered into service upon receipt of their names in this office. It is thought advisable, however, that no more than ten (10) nurses from any one base hospital be ordered to any one cantonment hospital, lest we cripple the hospital when the nurses must be withdrawn."

By the late spring of 1918, the Surgeon General's office had estimated the number of nurses which the Army would require of the Red Cross reserve. In a letter written March 8, Colonel Smith stated that "the number of nurses estimated for our requirements up to January, 1919, including those now in service and the 5000 asked for by June 1, is 25,000." Early in the summer of 1918, this number was greatly increased. On July 27, Brigadier General Robert E. Noble advised the Director General of Military Relief that at least 2500 additional nurses would be needed between that date and September 15. On August 1, 1918, Surgeon General Gorgas issued to the Red Cross his historic appeal:

> I call upon your organization, as the chief nurse recruiting agency of the Army, to employ every possible means to increase the enrollment of nurses for immediate assignment to duty.
>
> With the contemplated increase in the Army both at home and overseas, there must be a proportionate increase in the number of nurses in the service. The Army today is growing faster than the Nurse Corps is increasing, and as the Armies overseas enter the front line trenches in greater numbers, the greater will be the need for nurses in the Army Nurse Corps.
>
> I, therefore, urge upon the American Red Cross, through its agencies, to bring to the attention of the trained nurses of the country, the necessity of immediate offer of service, and then enrollment in the Army Nurse Corps.
>
> I hesitate to deal in concrete numbers, but I desire to emphasize the fact that I need today a very material increase in the Army Nurse Corps, and desire this increase in the ratio of at least a thousand a week for the next two months.

These requests, together with the assistance which the American Red Cross was giving the Women's Committee of the Council of National Defense in recruiting student nurses for the Army School of Nursing and for civilian hospital schools,[7]

[7] See letter written July 8, 1918, by the acting general manager National Red Cross Headquarters, to the Division managers regarding a plan to assist the Women's Committee of the Council of National Defense to recruit student nurses for the Army School of Nursing and civilian hospital schools of nursing. See also letter written by Jane A. Delano to Division Directors of Nursing, attached to and transmitted by the above. See also suggested letter to Chapters attached to and transmitted by the above letter of the acting general manager.

brought, by July, 1919, the total needs of the Army to fifty thousand graduate and student nurses. Fifty thousand graduate and student nurses! This was the responsibility which fell to Miss Delano, more than to any other woman. As chairman of the National Committee, the American Red Cross and the American nursing profession had entrusted to her vision the development of Red Cross nursing service. If now at the supreme moment, this organization which her brain and hand had created and nurtured, failed to meet the obligations which war laid upon it, to her more than to any other woman would belong the overwhelming catastrophe and despair of its failure; and in crowded wards of base hospitals and evacuation stations, American men would have to endure the agony of modern battle casualties, unalleviated by adequate nursing care.

A definite problem of supply and demand confronted the Red Cross. On one side of the equation were the nursing resources of the country, distributed in the fields of private duty nursing, in institutional work, in public health nursing and in the advanced classes of schools of nursing. On the other side were the needs of the Military Establishment. The responsibility of the Red Cross was to select from these fields nurses sufficient in number to meet war needs, yet to withdraw them in such a way that the health of the civilian population would not be jeopardized.

According to the Regulations Governing the Employment of the American Red Cross in Time of War, which Secretary Baker issued on December 18, 1916, the four types of unit through which the Army secured nurses from the Red Cross were base hospitals, hospital units, surgical sections and emergency nurse detachments.

After steps had been initiated to meet the general demands, groups of nurses expert in the care of special diseases were organized by the Nursing Service for duty in four special hospitals of the Medical Corps, the Orthopedic; the Fracture; the Eye, Ear and Throat; and the Psychiatric Hospitals. Public health nurses also were called for by the U. S. Public Health Service for duty in extra-cantonment zones.

Paper charts and pamphlets outlining the requirements, purpose and probable future service of each type of unit were sent out to Local Committees on Red Cross Nursing Service and to civilian hospitals from National Headquarters, and later to the same Local Committees from Division offices. With

unremitting energy, the field workers set out to fill the units. Individual nurses were approached with the suggestion that they undertake military service in some one of these units. If they met the requirements of the Army, they were enrolled in the Red Cross Nursing Service and their names checked off against given positions in the organization charts of the units. When one of these structures was entirely complete, its muster-in-roll or personnel-list was sent to the War Department. The Surgeon General then ordered the nurses into active service; travel orders were issued to each nurse. The procedure by which the majority of nurses serving in the European War were mustered into military duty is well illustrated by the detailed steps taken in the case of a member of an emergency detachment.

"Mary Brown," a nurse engaged in private duty nursing at Cascade, Iowa, desired military service. She had previously learned that the Red Cross Nursing Service was the reserve of the Army Nurse Corps, so she wrote to the nearest Local Committee on Red Cross Nursing Service. The chairman of this Local Committee opened correspondence with Mary Brown, or in a personal interview, required by the National Committee if possible, gave her the necessary application papers, told her that an emergency detachment was then under process of organization in her locality and advised her to join it. Mary Brown expressed her willingness, filled out her application papers and in due time underwent a complete physical examination and immunization for typhoid and paratyphoid. (This inoculation was later given at cantonment hospitals.) The chairman of the Local Committee in the city near Cascade entered Mary Brown's name on the lists of one of the emergency detachments for which the committee was responsible, secured her training school credentials, her certificates of examination and inoculation, her latest address and her date of availability and sent them all to the director of the Department of Nursing, Central Division, who passed upon them and forwarded them to National Headquarters. Miss Noyes then wired Mary Brown and in a telegraphed answer received confirmation of the statement in her enrollment papers that she would be available for assignment on June 5 at Cascade, Iowa. Miss Noyes then sent this last yellow telegram, together with the other papers, to Miss Thompson. The Surgeon General's order followed within a few days:

> Mary Brown, Reserve Nurse, Army Nurse Corps, now at Cascade, Iowa, will proceed without delay not later than June 6, after having taken the oath of office, to Camp Dodge, Des Moines, Iowa, and will report to the Commanding Officer, United States Army Base Hospital, for assignment to duty.
>
> Travel is necessary in the Military Establishment.[8]

This task of locating and stabilizing nurses which devolved upon Miss Noyes and her associates was fraught with tedious and troublesome detail. In addition to professional credentials, immunization and physical examination certifications, it was necessary that the enrollment papers of every nurse show the address at which she might be reached within a certain period of time. To this location, within a prescribed number of days, the Surgeon General sent instructions, as has been shown before, bidding the nurse take oath of office and proceed to her post of duty. If the nurse was not at this given place at the time specified in her papers, the order for her oath of office and her transportation had to be revoked and a corrected one issued. Nurses often could not understand why travel orders could not be forwarded to another town like personal mail. The War Department, overburdened with clerical detail, for its part failed to see in the call for an issuance of new orders anything but carelessness and inefficiency on the part

[8] In addition to the requirements for enrollment in the Red Cross Nursing Service, the Surgeon General set up the following regulations: "Citizens of the United States, native or naturalized, are alike liable to service and no discrimination should be made as far as the manner in which the citizenship was acquired is concerned, if the loyalty and fidelity of the individual is unquestioned.

In case of medical units or individuals intended for service directly with or under the forces of our allies, care should be taken not to assign to such units or detail for such service persons who are naturalized citizens of alien enemy origin."

Married nurses were not eligible for service with the Army Nurse Corps.

The length of service was covered in the following regulation: "Reserve nurses assigned to active service during war will be expected to serve as long as they may be needed. A nurse who desires relief from active service may apply therefor by letter to the Surgeon General, through the proper channels, stating her reasons in full. If the reasons are sufficient in the judgment of the Surgeon General her request may be granted. Return transportation will not be authorized to nurses who have served less than one year, unless the need for their services ceases to exist, or to those who are discharged for misconduct. A nurse who is found to be unsuited for the service physically, professionally or temperamentally, will be furnished transportation to her home for relief from active service, without regard to length of service."

of the Red Cross in giving an inaccurate address in the first place. Hence arose the necessity for establishing the rule that a confirmation telegram be received from the nurse before her papers were sent to the War Department. An idea of the correspondence which was carried on between National Headquarters, Division offices, State and Local Committees and individuals before a nurse could be assigned to active service, may be gained from the following letter written October 12, 1917, by Miss Noyes to all nurses organizing units for the Army:

> Organizing nurses will please bear in mind the following points to make the Service more efficient:
>
> First: Do not report to Red Cross Headquarters a nurse as "ready for duty" before communicating with her in order to determine this fact. Information upon this point two or three weeks old is many times found to be inaccurate.
>
> Second: Please determine from each nurse her latest accurate address.
>
> Third: Communicate with each individual nurse immediately before sending her name to this office in order to make definitely certain her date of availability and her accurate address.
>
> Fourth: Impress upon the nurse that except in case of grave illness it is impossible to release her from her promise to answer a call when once her name has been sent to the War Department.
>
> Fifth: When a nurse is reported to the Surgeon General's office as "ready," assignment to duty, oath of office and transportation will be forwarded by that Department. If, by any chance, this is forwarded to an incorrect address, it is not only a very serious inconvenience to the War Department to revoke these orders, but a reflection on the efficiency of the Red Cross Nursing Service.
>
> Sixth: In all cases when the nurses live in an adjacent town, it is advisable to have them assemble at their own expense at the larger point where the detachment has been organized. In this way, they can proceed together to their point of destination. If this is not possible, individual transportation orders may be issued to each nurse from her own home.

Equipment occupied the last phase of the manifold duties devolving upon Miss Noyes and her associates. After Mary Brown had served her apprenticeship at Camp Dodge, the long-

coveted orders for foreign assignment were forwarded her through her chief nurse and off she went to Ellis Island with instructions to report as soon as possible to the director of Nursing Service, Atlantic Division, American Red Cross, regarding equipment. In New York City, the Bureau of Nurses' Equipment supplied uniforms, blankets, sou'westers, boots and other comforts to soften the harsh living conditions of these nurses of the American Expeditionary Forces.

The middle span of cantonment service was omitted for the members of the first base hospital units. Their orders read for them to proceed direct to the port of embarkation and Europe. As was often the case with the soldiers, many nurses waiting patiently in cantonment wards never received foreign assignment.

These units through which nurses were mobilized by the American Red Cross were not only complex in detail, but dissimilar in purpose. Consequently, each form of organization would be treated separately.

In modern warfare, with its enormous armies in the field, its fleets of capital ships at sea and its instruments highly perfected in the science of killing, it is imperative that the Army and Navy be supplemented by organized volunteer aid. Sir Frederick Treves summarized this need:

> In time of peace, no army medical service can be maintained on a war footing. There is involved at such times an elaborate scheme for expansion in war; but one prominent and inevitable feature of that scheme is the enrollment of a vast body of doctors, nurses, orderlies, motor drivers, clerks, cooks, dispensers and the like. In such a work, a civilian society can act with greater ease and promptness than can a huge organization like the War Office, and thus it is that in the supply of personnel, the Red Cross societies have undoubtedly rendered sterling service.[9]

In the Red Cross Annual Report for 1916,[10] Colonel Kean outlined the zones into which the military service for the rescue of the wounded of armies in the field were divided:

[9] *The Medical Record*, Vol. 90, page 466.

[10] The Annual Report of the American National Red Cross is published yearly in two forms, the first a full report published by the chairman of the Central Committee, the second a somewhat abbreviated report published as a Document of Record of the House of Representatives. The quotations and page references which are used in this history are taken from the full Annual Report published by the American Red Cross, the so-called "unofficial report," rather than the Congressional Document.

The medical service of the zone of the front is one of first aid, temporary shelter and transportation of the wounded to the rear. It is manned by trained sanitary soldiers of the Army and requires for its service nearly the entire personnel of the peace establishment. The Red Cross units and personnel are not admitted to this zone.

The medical service of the second zone, the military base, consists of sick transport trains and base hospitals and is largely manned by a personnel from civil life, recruited either by the Red Cross or the Medical Department of the Army. Its base hospitals are the first true hospitals encountered by the wounded man in his journey to the rear. Here for the first time he finds a good bed with a mattress, instead of a cot; trained nurses instead of sanitary soldiers; and the highly trained and specialized practitioners from civil life. Here he finds quiet and rest and the conditions suitable for recovery.

The third zone, that of the home country, receives the overflow and the convalescents from the base hospitals near the theater of war. In it the civil hospitals of the country are called into use in addition to such general hospitals as the medical department may establish. Its medical staff are, with the exception of a few trained administrative officers, physicians and nurses drawn from civil life.

Of this structure, the base hospital is the central span and the most important contribution which the Red Cross can make for the safety and comfort of the wounded. It is immediately and urgently needed as soon as war is declared, yet because of its numerous personnel and massive and costly equipment, it has never heretofore been provided in time of peace. Yet so large and complex an organization cannot be improvised. Its varied and specialized personnel when brought together, require time and training to fall into orderly adjustment and efficient operation. A chance aggregation of doctors and nurses can no more claim at first to be an efficient hospital than a thousand men collected from the streets can be regarded as an effective regiment. Likewise, its elaborate equipment cannot be purchased in a day, or a week, nor yet in a month, especially in time of war.

It has already been shown that by Presidential Proclamation, dated August 22, 1911, and Act of Congress of April 24, 1912, the Red Cross personnel constituted in time of war a part of the sanitary services of the Government. In conformity with this edict and these statutes, the War Depart-

ment, upon the recommendation of George A. Torney, Surgeon General of the United States Army, issued on September 10, 1912, Circular No. 8, which contained the following regulations:

2. When the War Department desires the use of the services of the Red Cross in time of war, or when war is imminent, the Secretary of War will communicate with the president of the society, specifying the character of the services required, and designating the place or places where the personnel and material will be assembled.

3. When any member of the Red Cross reports for duty with the land forces of the United States pursuant to a proper call, he will therefore be subject to military laws and regulations as provided in Article Ten of the International Red Cross Convention of 1906, and will be provided with the necessary brassard and certificate of identity.

4. Except in cases of great emergency, Red Cross personnel serving with the land forces will not be assigned to duty at the front, but will be employed in hospitals in the home country, at the base of operations, on hospital ships and along lines of communications of the military forces in the United States.

5. Red Cross organizations will not establish independent hospitals or other institutions, but will assist military sanitary formations at the places above indicated.

6. Before military patients are assigned thereto, separate establishments maintained by the Red Cross Society will be placed under the immediate direction of a medical officer of the Army. Such officer will be held responsible for the management, discipline and records of the institution; he will regulate admissions and discharges and see that the interests of both the Government and the patients are conserved.

7. No columns, sections or individuals of the Red Cross Society will be accepted for service by the War Department unless previously inspected by a medical officer of the Army and found qualified for the service expected of them.

8. The Red Cross Society may be called upon in time of war, or when war is pending, for the following columns of personnel: (1) physicians and surgeons; (2) dentists; (3) pharmacists; (4) nurses; (5) clerks; (6) cooks; (7) litter bearers, drivers and other transport personnel; (8) laborers.

9. To facilitate the training of Red Cross personnel for the duties it may be called upon to perform in time of war, it is divided into three classes: Class (a) those willing to

serve when needed; (b) those willing to serve in home country only; (c) those willing to serve at place of residence only, etc., etc.

10. The Red Cross service at the base, along the line of communications or in a military district, will be under the supervision of a director general who will conduct the service under the direction of the chief surgeon of the field army or expeditionary force.

11. For service at the base and along lines of communications Red Cross personnel shall be organized into (1) field columns; (2) hospital columns; (3) supply columns; (4) information bureau sections, etc., etc. . . .

The greatest single contribution of the American Red Cross to the welfare of the sick and wounded American soldier lay in its organization and equipment of fifty base hospitals for the United States Army. The germ idea of a medical unit organized from the staff of a large civilian hospital for war service in the zone of the base had been conceived in 1914 by Dr. George W. Crile, of Lakeside Hospital, Cleveland, Ohio. The project of organizing such units for the Army was brought forward for discussion by Dr. Crile as follows on October 25, 1915, at the symposium on military surgery, Clinical Congress of Surgeons of North America:

When our distinguished American Ambassador, the Honorable Myron T. Herrick, asked me to take a service in the American Ambulance, I suggested that it might be better to form a unit among the men at Lakeside Hospital and take complete charge of a given number of patients. This proposal was cabled to the American Ambulance and a favorable reply returned. This was the beginning of the university unit plan of organization for service at the American Ambulance.

This plan worked out so excellently in France that it has occurred to me that, at least for the base hospitals, it would be a workable plan for our American Medical Reserve Corps. After an informal discussion with the Surgeon General of the Army, he suggested that to stimulate further discussion, I should outline a plan for a unit to take charge of a five hundred bed base hospital. . . .

These units will be more efficient if they are made up of men who have had similar training and who know each other well, and if they have associated with them a nursing staff familiar with their methods. This suggests that the first

> units be made up from the staffs of large well-organized hospitals, especially teaching hospitals, and that they be distributed according to population among the states of the Union.
>
> In making such an organization of the Medical Reserve Corps we must be guided by three fundamental principles. *First:* each man should be assigned to the service for which he is best qualified. *Second:* the mobilization of the Reserve Corps should be country-wide. *Third:* standard materials should be stored so that we may not be caught by a shortage at a time when industries are paralyzed. . . .[11]

A few days previous to this meeting, the Red Cross had taken up with Dr. Crile the question of the organization of such units. Adelaide McKee, chairman of the Cleveland Local Committee on Red Cross Nursing Service, wrote on October 16, 1915, to Miss Delano that "circulars and applications have been sent to graduate nurses in this city by Miss Allison, the superintendent of nurses of the Lakeside Hospital, asking them to join an organization composed of a body of nurses and doctors for service at home and abroad. This circular states that Dr. Crile has been asked by the United States Government to organize a society, salary to be the same as that of the Red Cross Nursing Service, and that the Government has promised to equip a hospital of five hundred beds for Dr. Crile in case of emergency."

Miss Boardman telegraphed Dr. Crile on October 18, informing him that according to Regulations issued by the War Department and by Presidential Proclamation, all volunteer aid must go through the American Red Cross, and requesting further information regarding his plans. "Great confusion now exists," she concluded.

Dr. Crile in a letter written October 31 explained that in view of the unpreparedness in offering organized aid to wounded soldiers which had been experienced by France and England and which many American surgeons had witnessed when in foreign service in 1914 and 1915, it was felt that "the preparation of our country for offensive and defensive maneuvers in time of war should include pre-organized plans for medical and surgical service. This is a work," he added, "which belongs primarily to the Government. With this understanding, at the suggestion of General Gorgas, a tentative plan is now in progress of formation. . . ."

[11] *Surgery, Gynecology and Obstetrics*, January, 1916, pp. 68-69.

In her reply addressed to Dr. Crile October 23, Miss Boardman explained that so much confusion already existed among the nurses that unless it could be cleared up Miss Delano might dissolve the Red Cross Nursing Service, in which she had enrolled between six and seven thousand of the best trained nurses in the country. There could not be two organizations undertaking the same enterprise independently of each other without leading to great confusion.

The Regulations of the War Department, Miss Boardman argued in this letter of October 23, provided that the Red Cross should form exactly the same type of unit as that under organization by Dr. Crile. A National Medical Committee was already appointed to take up this work. Dr. Crile's name, as well as that of Dr. Harvey Cushing, Dr. Lambert and Dr. George Brewer, was among the list of members. Should any or every hospital in the country that desired to do so undertake the organization of hospital units independently of the Red Cross, which under its charter was the official volunteer agency of the Government for the relief of sick and wounded in war, then the Red Cross would go out of existence.

When in time of war, continued Miss Boardman, the War Department asked of the Red Cross hospital formations, they were to be turned over to the office of the Surgeon General just as it was now proposed to turn over these surgical units. Therefore, there appeared to be no valid reason why the organization of these units should not be undertaken through the medium of the Red Cross, in the place of these proposed units. Miss Delano was ready to issue regulations that would make the nurses of these units able to enroll as Red Cross nurses, provided that they came up to the requirements of the Army Nurse Corps and of the Red Cross.

Dr. Crile replied on October 30 to Miss Boardman that "this is a matter which pertains to the Medical Reserve Corps of the Army, of which I am a member . . ." and that "I have reread with care Circular No. 8 of the War Department and find nothing therein to indicate any conflict between the Red Cross Association and the organization of hospital units." He went on to say that "the Red Cross may be called upon in time of war for certain services at the discretion of the War Department. The Medical Reserve Corps is a part of the Army and therefore is, of course, subject to its call."

On November 2, 1915, Miss Boardman wrote Dr. Crile:

A number of years ago, the Surgeon General's office started an Army nursing reserve. At first, there were some two or three hundred enrolled, but in time the interest died out and finally it was reduced to less than twenty nurses who reported yearly. In the meantime, the American Red Cross had initiated its enrollment of nurses, under Miss Delano's remarkably able executive management. I will not go into details of development, but after three or four years, the Army decided to give up its nursing reserve and to take the American Red Cross nurses as a reserve. The plan is working very satisfactorily. We have between six and seven thousand of the best trained nurses of the profession enrolled; between seven and eight hundred of the most representative nurses in the country are serving as members of Local Committees. We can and have mobilized our nurses on short notice. We have spent thousands of dollars on this work and it would have cost several thousands more, if Miss Delano had not given her services without remuneration. I have spoken at many nurses' meetings to arouse their interest. Next year (the work has grown so), we will probably give Miss Delano an assistant. She also has an Army nurse detailed to her office and two or three stenographers to assist her to maintain this efficient enrollment.

Suddenly without any word to the Red Cross, various doctors are communicated with and the request is made that they form hospital units and enroll nurses in a reserve corps. In several cases our own nurses have been applied to, not only to enroll but to secure nurses for this Army nurse reserve. This, of course, is leading to great confusion. It is breaking up our nursing reserve. The plan of the Surgeon General's office cannot be kept up except by an organization such as the Red Cross, as was evident from past experience.

Miss Delano has already been to New York, has seen the superintendents of some of the large hospitals there and a plan is being worked out to form units or hospital columns, for hospitals of five hundred beds, securing the nurses from each hospital for a hospital unit or column. The head of such a column would be a member of the Army Medical Reserve Corps and the nurses would be from the same hospital and those with whom he was accustomed to work. In this way, the Red Cross will be able to build up around various members of the Medical Reserve Corps complete nospital columns or units. It is, furthermore, making arrangements for special instruction for other personnel, such as women to run linen rooms and other hospital work and

plans to enroll cooks, etc., so as to have a whole unit and a complete one.

Many other points I will not now attempt to discuss. I have explained the situation, trusting that the matter can be worked out in fairness to the Red Cross.

Miss Boardman and Miss Delano then interviewed the Surgeon General of the Army, only to find that it was the opinion of General Gorgas and Major Robert E. Noble that the organization of base hospital units was an undertaking for the Medical Reserve Corps rather than for the Red Cross. This interview resulted in the deadlock which Colonel Jefferson R. Kean of the United States Army found upon his arrival, January 6, 1916, at National Headquarters.

At the request of the Red Cross Executive Committee, Colonel Kean had been detailed by the War Department to act as Director General of the newly-created Department of Military Relief of the American Red Cross. A former president of the Association of Military Surgeons, Colonel Kean was an early and enthusiastic sponsor of the Medical Reserve Corps. He was an alumnus of the University of Virginia. His Army record included thirty years' active service at Fort Sill, Fort Robinson, St. Augustine, Key West, Fort Warren, Cuba, Washington, D. C., and Fort Leavenworth. He had received the Campaign Medal for service in the Indian wars and was chief surgeon of an Army Corps during the Spanish-American War. He brought to the Red Cross a thorough-going knowledge of Army personnel and methods of procedure, also tact and a tremendous faith in the opportunities for Red Cross service. His ability, his lively humor, his keen vision brought him many friends, both within the Army and the Red Cross.

Colonel Kean's first constructive work resulted immediately in a more complete understanding of the relation of the Red Cross to the Army. On January 24, 1916, eight days after his arrival, he wrote to Colonel Merritte W. Ireland, Medical Corps, then stationed at Fort Sam Houston, Texas. Colonel Ireland, like Colonel Kean and Colonel Francis Winter, was one of that brilliant group of young officers, since risen to generalship in the Medical Corps, who had known and esteemed Miss Delano when she had shared with them in 1910 the limited desk-space of the Surgeon General's office. In his letter to Colonel Ireland, Colonel Kean stated:

> The military preparedness side of Red Cross organization has never been developed and the consequence is that I have a new and untilled field in which nothing has yet been done except in the two bureaus—the First Aid which [Colonel Charles] Lynch developed, and Miss Delano's reserve nurses with which you are entirely familiar. Miss Delano has at present between six and seven thousand of these and you know her well enough to know how well she has them in hand.
>
> The first thing I had to do was with reference to the proposed organization by the Surgeon General of surgical units. . . . I discussed the matter with the Surgeon General and his associates. I admitted that he had the right to go outside of the Red Cross reserve to employ nurses if he chose to do so, and that he also had the right to let his Reserve Corps officers undertake to get up units, although these would have no official existence. But I pointed out that while this was an abstract right, . . . it would much discourage the nurses' reserve and the Red Cross would be very nearly inhibited from any successful effort to carry out the provisions of Circular No. 8, 1912, in organizing sanitary units. I proposed that the units which he had already authorized should be enrolled and inspected by me, both as a representative of the Red Cross and as his assistant under a letter of instructions from him. The three so authorized are Crile in Cleveland, Swan in Rochester, and Cushing in Boston.
>
> My proposition would enable the Surgeon General to make use of the assistance of the Red Cross, whereas if he rejected it, he would have no place in time of peace to get the pecuniary assistance which the Red Cross stood ready to offer. Existing orders already provided that when these units were called into active service, they came under the orders of the War Department, and by placing a regular medical officer in command of each hospital, it became absolutely under the control of the Surgeon General.

On February 7, 1916, Colonel Kean wrote Dr. Crile that "with reference to the base hospital which you were authorized by the Surgeon General to enroll for service in war, it has been decided after conference between the Surgeon General and the National Red Cross that the enrollment will be made through the agency of the latter, as is contemplated by the charter of the American National Red Cross and existing War Department orders."

In a second letter written February 16 to Colonel Ireland, Colonel Kean reported further details of the new project:

> I am starting out now in a few minutes to New York, Boston, Rochester and Cleveland, to organize base hospitals. We have three already in process of organization in New York, one in each of the other cities. There is so much enthusiasm abroad that I believe we can organize one in connection with every big hospital in the country. My present scheme is to have Red Cross Chapters accumulate the money to buy the equipment for each hospital and store it when at hand. It will cost over $20,000 for each hospital, so you see there is nothing small about my scheme!

With characteristic briskness and zeal, Colonel Kean and Miss Delano set about their gigantic task in the early spring of 1916. By personal interview or letter, Colonel Kean placed his project before the president of the Board of Directors, or the Trustees of each hospital. After they had signified their willingness to undertake the organization of a base hospital composed of the personnel within their institution, a director and chief nurse were immediately appointed to undertake the enrollment of the other members of the unit. While these busy individuals were interviewing their candidates and looking into past records, Colonel Kean took up with the local Red Cross Chapter the problem of equipment. This meant buying, storing and having "ready for instant transportation everything necessary for the surgical, medical and nursing care of five hundred sick and wounded soldiers, from the beds they lie upon to every kind of bandage and operating instrument." [12] This non-perishable equipment, the finest which could be purchased, was estimated to cost approximately $25,000.00 per unit; this equipment was "found to cost upwards of $75,000" for each unit before the work was completed.[13] The Comptroller's Report for the period July 1, 1917, to February 28, 1919, the months during which the operations of the American Red Cross were directed by the War Council, stated that "the Chapters of the Red Cross spent, in round figures, $3,000,000 in equipping base hospitals. In addition, National Headquarters made a number of appropriations to meet special needs." [14] The equipment of each unit required the use

[12] *The Survey*, February 7, 1917, Vol. 37, p. 387.
[13] Annual Report, American Red Cross, 1917, p. 22.
[14] "The Work of the American Red Cross during the War," p. 41.

of seven freight cars to transport its beds, bedding, ward furniture, drugs, dental and surgical instruments, laboratory supplies and equipment, mess gear, sterilizers, ambulances, touring cars, motor trucks, motorcycles, complete X-ray plant, kitchen and disinfectors. The initial supply of surgical dressings and hospital garments was at first furnished through committees of Women's Auxiliaries of the parent hospital and the cost amounted to $8000 for each base hospital unit. After National Headquarters had built up its surgical dressings department, the Red Cross assumed entire responsibility for these articles.

The relation between the local Red Cross Chapter which furnished the funds for equipment and the base hospital unit was, in Colonel Kean's words, "that of a big sister, close and cordial, but without parental authority." [15] In view of the great pecuniary assistance which was expected of the Chapters, the question of whether they should not have a controlling voice in the selection of officers and in other details of organization, had naturally arisen, but National Headquarters had not felt it wise to authorize this because the military and professional personnel of the units would naturally demand that direct control be of a military and professional character.

A base hospital first included a personnel of 265 souls, with "such subordinate administrative personnel as may be necessary" and "such Red Cross volunteers as may be authorized by the Director General of Military Relief, upon the approval of the Secretary of War." [16] The original number of nurses was placed at fifty, but was later increased to sixty-five and then to one hundred and the rest of the personnel raised proportionately. The personnel of a base hospital as originally authorized included twenty-three doctors (later raised to fifty); fifty nurses (later raised to one hundred); twenty-five nurses' aides (never called out); fifteen reserve nurses (later raised to twenty-five); and twenty-five reserve nurses' aides (never called out); and other personnel necessary to care for a five-hundred-bed hospital (later raised to one thousand beds).

In the Regulations Governing the Employment of the American Red Cross in Time of War, authorization for the nursing staff was contained in paragraph twelve, viz., that "the

[15] See Annual Report, American Red Cross, 1916, p. 41.

[16] Regulations Governing the Employment of the American Red Cross in Time of War, December 18, 1916.

organization of a base hospital will be . . . fifty nurses, members of the Red Cross Nursing Service, one of whom shall be chief nurse and one of whom may be a dietitian. Twenty-five volunteer nurses' aides."

To the chief nurse, in consultation with the director of each base hospital was delegated the selection of the nurses, the dietitian and the nurses' aides. All members of the nursing staff thus selected were required to be enrolled in the Red Cross Nursing Service. To save unnecessary correspondence and to hasten appointments, Red Cross application blanks were sent to chief nurses, who secured the training school credentials of each nurse not already enrolled. The blanks were then sent to the Secretary of the Local Committee on Red Cross Nursing Service. The nursing staff consisted of one chief nurse; one assistant chief nurse; one night chief nurse; one charge nurse, operating-room; five assistant nurses, operating-room; one charge nurse or dietitian;[17] one assistant nurse or dietitian; one charge nurse, linen room; thirty-eight nurses for medical and surgical wards; fifteen reserve nurses not on the muster-roll. It was suggested that at least three of the nurses should have had some practical experience in the care of contagious diseases.

As muster-rolls of the base hospitals lengthened and as the Chapters purchased and stored the equipment for each unit, the eagerness of laywomen to share in this type of war service grew to such dimensions that the Surgeon General and the Red Cross decided to include among the personnel of the base hospitals twenty-five nurses' aides, with a reserve of the same number. This group included for each hospital four diet kitchen aides, four aides to be assigned to the linen room, two aides to the nurses' quarters and fifteen to the wards. Like the nurses, these aides were required to enroll in the Red Cross and to undergo a thorough physical examination. Their instruction in the care of the sick has already been set forth in a preceding section.

Throughout the strained summer of 1916 the organization of base hospitals proceeded. A vivid picture of Miss Delano remained in the memory of one of her secretaries at National Headquarters. At the close of an oppressively warm Sunday's

[17] Full information concerning requirements for service as Red Cross dietitians may be found in the chapter relating to the Red Cross Nutrition Service.

work, the chairman of the National Committee was on her knees on the floor sorting out nurses' papers. Her secretary reached over to a file-case and the string of beads which she wore caught on a corner of the drawer, broke and scattered about the floor. With a sigh of relief, Miss Delano said: "You go on with the papers and I'll gather up the beads. I'm so tired I can't keep my mind on the work."

After the personnel of a base hospital unit had been enrolled, the nurses and enlisted men were required to sign in duplicate the muster-roll of the unit. This early system of requiring nurses to affix their signature to the muster-roll was later discontinued. Since nurses were members of the professional staff, the Surgeon General decided in 1917 that this troublesome detail might well be eliminated.

The American Red Cross entered into a definite contract with every parent institution which had undertaken the organization of a base hospital unit. The following contract illustrated this relation:

> The parties in this agreement hereinafter referred to as the RED CROSS and as THE HOSPITAL shall refer to the American Red Cross and to the Lakeside Hospital, Cleveland, Ohio.
>
> The Hospital does hereby agree to assemble from its staff graduates, nurses, employes and friends, a trained personnel for a five-hundred bed Army base hospital, and to keep the specified posts of such a personnel filled, in accordance with the specifications as made and from time to time revised, by the Surgeon General of the United States Army. It also agrees to keep in the official muster-roll and ready for service, this personnel and at the call of the Red Cross, immediately assemble such persons for transportation under the Government orders. From time to time as vacancies occur, they shall be filled by persons nominated by the Hospital Trustees and the Director, and those so nominated shall be appointed to such vacant posts, provided they conform to the prescribed regulations. At a call from the Red Cross for the services of this unit, the superintendent of the Hospital is hereby authorized and is instructed by the Trustees of the Hospital to release and send, wherever and whenever ordered, the enlisted personnel of this unit, and with the Director, to select substitutes for any who are unable to go.
>
> The employees sent with the Hospital unit shall not remain on the Hospital pay-roll during absence, but no em-

ployee of the Hospital shall be dismissed from the Hospital service, or fail in reinstatement at the close of such service, because of absence on account of the call of the unit to active service.

In consideration of the maintenance of the above personnel by the Hospital, the Red Cross agrees that the above mentioned unit shall constitute a part of its reserve medical organization and be known by the name of the Hospital as well as by its official number. It is understood that after the calling of this unit it will be out of the Red Cross reserve organization and controlled entirely by the Government. It is also understood that, whenever this Hospital Unit is called out by the Red Cross or Government, that its entire expenses, including transportation from Cleveland, are to be paid either by the Red Cross or the Government.

ELIOT WADSWORTH,
Acting Chairman, American Red Cross.
SAMUEL MATHER,
President, Lakeside Hospital.

To the Lakeside Unit belongs the honor of being the first base hospital to complete its muster-roll, and also to be mobilized into active service. Colonel Kean in a letter written Dr. Crile on July 31, 1916, gave the Lakeside Unit the designation of Red Cross Base Hospital No. 4. He stated that while National Headquarters had originally intended to give numerical designations to base hospital units in the order in which the completed muster-rolls had been received, this plan had not been possible on account of unexpected delays encountered in completing the muster-rolls, especially in the column of male administrative personnel. "The purchase of equipment," concluded Colonel Kean, "therefore began before the rolls were completed and it became necessary to give numbers to the base hospitals in order that accounts might be opened with them in this office for the purchased property and in order that the equipment so purchased might be duly marked."

On August 1, 1916, Colonel Kean transmitted to the chairman of the Red Cross Central Committee the completed muster-roll of American Red Cross Base Hospital No. 4 (Lakeside) with the recommendation that "this unit be enrolled in the office of the Surgeon General, U. S. A., under Paragraph 16, Circular No. 8, S. G. O. September 10, 1912." On the same day, Major General Arthur Murray, U. S. A. Retired, then chairman of the Central Committee, forwarded the muster-

roll and Colonel Kean's letter to the Adjutant General, for transmittal to General Gorgas. On August 5, the Surgeon General informed the Red Cross that "the receipt of muster-in roll of Base Hospital No. 4 (Lakeside) Cleveland, Ohio, Dr. George W. Crile, Director, is acknowledged. The same has been placed upon the records for future reference." Thus in complete readiness for immediate mobilization upon future need, the first one of that subsequently long list of Red Cross base hospitals was entered among the reserve personnel of the United States War Department. A list of these units may be found in the Appendix.

In addition to these first fifty base hospital units, the Nursing Service supplied twenty nurses to serve on the staff of Base Hospital No. 55 which was organized by Dr. Balch, of Boston, Mass. Jessie Grant was chief nurse of this unit. Two other units, which were designated as Supplementary and as Replacement Hospitals, each had their full complement of one hundred nurses furnished by the Red Cross, but these units acted as a reserve in furnishing nurses for other hospitals and so were not regularly organized as Red Cross base hospitals. Another unit, called the British Base Hospital, had its nurses furnished by the American Red Cross with the definite destination of service in England in view.

After the completed muster-rolls of several base hospitals had been filed in the War Department and the equipment for each had been stored in warehouses provided by the Government and the Red Cross, National Headquarters desired to see how these "canned hospitals" would meet the test of actual mobilization. The National Committee on Red Cross Medical Service at a meeting held June 15, 1916, requested the American Red Cross to order out on October 28 one of its base hospital units in Philadelphia. Colonel Kean stated that "the purpose of this mobilization was primarily to demonstrate that the organization existing on paper was a practical and serviceable one; secondly, to ascertain what difficulties would stand in the way of such a mobilization; and thirdly, for the instruction in medical preparedness of the great body of surgeons who would be in Philadelphia at that time, in attendance upon the Clinical Congress of Surgeons and the American College of Surgeons." [18]

Base Hospital No. 4 was selected for trial mobilization. On

[18] American Red Cross Annual Report, 1916, p. 30.

the brow of picturesque Belmont Plateau, Fairmont Park, Philadelphia, Pa., Base Hospital No. 4 mobilized on October 28, 1916, under eighty-five dun-colored Army tents. Twenty-five nurses, with Grace Allison as chief nurse, reported, but no nurses' aides were present, owing to a decision not to call them out. The camp, covering twelve acres, had been erected by a detachment of the Medical Department sent over from Washington, D. C., under the command of Major Harold W. Jones. Twenty-four hours after the arrival of the nurses, all wards were in readiness for patients.

Tents are not the most satisfactory housing equipment for "so large and sedentary an organization as a base hospital." On exhibition at Fairmont Park was a splendid model showing the arrangement and materials of an ideal base hospital, created under the supervision of Dr. George E. Brewer, of New York, and his assistant, Dr. Sidney R. Burnap.

Colonel Kean summarized the benefits derived from the trial mobilization of Base Hospital No. 4:

> The mobilization of this hospital marks an epoch in Red Cross development as concerns its obligations to assist the medical service of the armed forces in time of war. It is the first practical and concrete demonstration of the ability of the Red Cross to do this. It takes the scheme of Red Cross military units as a part of the Medical Service out of the domain of theory into that of accomplished fact. The cost of this mobilization was in all $5035.75. The freight on equipment and incidentals, $355.15, was paid for by the New York County Chapter.[19]

During the fall of 1916 and throughout the year 1917, Miss Noyes carried practically alone the work of organizing the nursing staffs of the first fifty base hospitals, a task fraught with extensive detail.

In the organization and equipment of its base hospitals for the Army, including a total personnel of 4397 nurses, the Red Cross accomplished the greatest single project of medical and nursing preparedness in history. The amount of time required to purchase the equipment of Base Hospitals Nos. 1 and 2 in New York in *time of peace*, without any restrictions of funds or military "red tape" amounted to four months. Advocates of preparedness felt that economic conditions existing in a

[19] American Red Cross Annual Report, 1916, p. 30.

nation at war would greatly increase the period necessary for these mechanical arrangements. "Therefore," argued Colonel Kean, "if we are to have base hospitals ready to take care of our soldiers when war comes, we must equip them in time of peace." Theoretically, it was undoubtedly the duty of the Government to provide base hospitals. The fighting branch of the Army had always lacked many things, however, which perforce had to be asked for in preference to base hospital equipment. "Rifles, cannon, munitions, tentage, clothing, transport service have to be provided before we can have an army and naturally take precedence over provision for the care of the sick and wounded." [20] Here lay a supreme opportunity for the American Red Cross, unhampered by lack of funds, possessed of flexibility of organization, blessed with popular appeal.

Only the larger civil hospitals in the principal cities of the United States maintained staffs of sufficient size and specialization to permit the organization of a base hospital. Many small institutions, however, were also eager to organize Red Cross units. To accept their offers of assistance which came directly to the Red Cross or were referred thereto by the War Department, and to utilize the hospital facilities of the entire country, the War Department authorized the organization of smaller units of about one-half the size of a base hospital, to be known as hospital units. The Regulations Governing the Employment of the American Red Cross in Time of War (December 18, 1916) stated in Paragraph Thirteen that "hospital units are intended to supplement and assist established military hospitals. Sections of hospital units may also be assigned to duty on hospital trains and ships and to other military sanitary organizations."

The staff of a hospital unit was made up of "a director; an adjutant; two chiefs of service; four staff physicians; one head nurse; twenty nurses; three clerks, who may be women; and such numbers of orderlies as may be necessary."

The method by which hospital units were organized was similar to that used for their bigger brother, the base hospital. The equipment of hospital units included only instruments, medical and surgical supplies, basins, cushions, brushes, buckets, fracture apparatus, splints, and similar articles. As the purpose of these units was to supplement established institutions, all

[20] See A. R. C. Annual Report, 1916, p. 31.

permanent articles such as furniture, refrigerating and delousing plants and X-ray apparatus were omitted. Red Cross Chapters in the cities where hospital units were organized, provided and stored their equipment and prepared their quotas of surgical dressings. Perishable supplies were often purchased from the stock of the parent institution when the hospital unit was ordered into active service. Complete equipment for a hospital unit was estimated to cost approximately $2500.

National Headquarters organized nineteen hospital units which were assigned to active service with the United States Army during the European War. The nursing staffs of these units were composed of 399 American Red Cross nurses, who served as reserves of the Army Nurse Corps. A complete list of these units may be found in the Appendix.

Although surgical sections were a type of unit which Secretary Baker authorized the Red Cross to organize in the Regulations Governing the Employment of the American Red Cross in Time of War (December 18, 1916) only one such unit was organized by National Headquarters. It was designated as Surgical Section No. 1 and was organized under Dr. E. M. Quain, of Bismarck, North Dakota.

Emergency detachments, made up solely of nurses, were the smallest and the most numerous of the three early Red Cross units. As early as June 22, 1916, Miss Delano wrote to all State and Local Committees on Red Cross Nursing Service, explaining the purpose of emergency detachments and charging the State and Local Committee members with the responsibility of developing one or more of these units. The Regulations Governing the Employment of the American Red Cross in Time of War (December 18, 1916) stated in Paragraph Fifteen that "emergency detachments of nurses are organized to meet sudden calls from the sanitary service of the Army, or other emergencies. They will be used to supplement the nursing service of military hospitals already established, or be assigned to duty on hospital ships, hospital trains, or any service where groups of nurses may be needed. . . . Each detachment," concluded the paragraph, "consists of ten nurses, one of whom may be designated as head nurse and acts as such until the group is assigned to duty under the supervision of an Army chief nurse, when her duties will be the same as those of other members of the detachment."

Organization of emergency detachments was first carried on

by direct correspondence between the Bureau of Nursing at National Headquarters and Local Committees on Red Cross Nursing Service. This procedure continued until the fall of 1917, when the thirteen Red Cross Division offices were created; the Divison Directors of Nursing then took over the details of recruiting which had previously been handled by Miss Noyes and her assistants.[21]

With its absence of equipment, its ease of mobilization, its ability to respond immediately to duty upon the receipt of its orders into active service, the emergency detachment proved one of the most valuable methods through which nurses were secured. The first of these groups was ordered into duty on the Mexican border in July, 1916. Many others were assigned during 1917 and the early months of 1918 directly to the British and American Expeditionary Forces. Later, however, nurses from these units were sent to cantonments where they were prepared for overseas duty. Red Cross emergency detachments supplied 11,470 nurses to the War Department, half the entire strength of the Army Nurse Corps. No more brilliant proof than this can be found of the soundness of the Red Cross Nursing Service committee system, nor of the untiring patriotism of these nurse-members, who, although already overburdened with tasks of maintaining with inadequate personnel hospitals and training schools and other types of work, served as volunteers during every available moment on the Local Committees which brought these eleven thousand nurses into the military service.

The youngest members of the nursing profession to serve with the American Army during the European War entered the Army Nurse Corps by joining training school units which the Red Cross organized within the senior classes of hospital schools of nursing. An unusually attractive group they were, young, adventure-loving, a brave and eager company of whom almost all were of recognized dependability and skill.

Red Cross base hospitals and hospital units, made up of the members of staffs of major civilian institutions in all parts of the country, had drawn, during 1917, hundreds of nurses of distinguished positions from the institutional field. Local Committees on Red Cross Nursing Service were combing graduate nurses' associations, clubs, registries and other agencies

[21] See letter written November 1, 1917, by C. D. Noyes to all State and Local Committees and organizing nurses.

for private duty nurses to serve especially in emergency detachments. With these fields of supply almost exhausted in the spring of 1918, Miss Delano and Miss Noyes appealed to members of the June graduating classes of hospital schools of nursing, urging these young women also to join that continuous procession of reserve nurses filing into the Army Nurse Corps through the American Red Cross.

Miss Delano presented in a letter written March 12, 1918, to all superintendents of schools of nursing, the first step of the Red Cross plan to utilize the services of young graduates for the Army:

> We have been definitely asked by the Surgeon General to supply five thousand nurses by June 1, 1918, for the Army alone, and it is estimated that probably not far from thirty thousand additional ones will be needed by January 1, 1919. . . . It seems evident from the recent surveys which have been made of the nursing resources of the country that there are not more than sixty-five thousand registered nurses in the United States. . . .
>
> We believe that training school superintendents are most anxious to aid in every possible way to secure the number of nurses needed. One of the most practical methods of increasing the available supply of nurses is to advance somewhat the date of graduation in training schools giving a three years' course of training, provided of course that only such nurses should be graduated as are willing to enroll promptly with the Red Cross and accept service at once with the Army or with the Navy. . . .
>
> I should not feel justified in urging this shortening of the regular three years' course, if I did not believe that the experience in military hospitals would supplement their regular training and give them not only experience which will be of value to them in their career as nurses, but would give them as well the satisfaction of having served their country in time of need.

On March 13, 1918, Miss Noyes followed up Miss Delano's letter with a personal communication addressed to all superintendents, in which she urged them to undertake the organization of at least one training school unit.

The underlying principle of organizing such units was a recognition of the clan instinct. War seemed less formidable when a nurse could go out with a former room-mate or a friend who had been trained in the same wards.

Each training school unit was numbered, the designation beginning with a high number to avoid confusion with base hospitals and hospital units. The first training school unit was formed at Sara Elizabeth Hospital, Henderson, North Carolina, and was designated T. S. Unit No. 500; the second, from the Methodist Episcopal Hospital, Brooklyn, New York, as T. S. Unit No. 501. Nurses other than the graduates of a given school which had formed a unit might join the unit of that institution if none existed in their own school, or if satisfactory reasons were presented, but this was seldom done.

During the spring and summer of 1918, 1362 nurses volunteered for war service in 307 training school units. A list of the units is given in the Appendix.

Immediately following the declaration of war by the United States, General Gorgas organized within the Medical Corps of the Army, divisions of Mental Diseases, Internal Medicine, Orthopedics and Opthalmology, the directors of which were experts in these different branches of medical practice. These directors were charged with the responsibility of organizing such base hospitals for service in the United States and abroad as the treatment of such cases as might fall under the above classifications, required.

The medical and enlisted personnel of these units was organized entirely within the Surgeon General's office and the equipment was supplied by the Government, but the Army Nurse Corps called upon the Red Cross to supply the nurses. The first step in securing nurses qualified for this service lay in the establishment of a classified list of nurses specially trained in pediatric, psychopathic and orthopedic nursing and in nursing mental diseases, contagious diseases, head and neck surgery and eye and ear work. After the establishment of this list, the procedure was comparatively simple. From time to time, Miss Thompson notified Miss Noyes of the formation of special hospitals and she secured the nurses through correspondence with those whose names appeared on the classified lists.

The development of physio-therapy, one of the signal developments which the war indirectly brought to medical science, created a demand for expert *masseuses*. Miss Noyes prepared a form letter in November, 1917, to be sent to nurses who requested information of this type from National Headquarters, or to nurses whose enrollment showed special training.

Regulations concerning enrollment as an expert *masseuse* were as follows:

> Applicants should be graduates of a recognized school of massage.
>
> The service is entered for the period of the war. It is to be performed in the wards of the reconstruction hospitals under the supervision of the head nurse of the ward.
>
> Applicants should be preferably between the ages of twenty-five and forty-five.
>
> Applicants should be endorsed by the principal of the school of massage from which she received her diploma.
>
> Members of the service are expected to respond promptly to a call for service coming from the Bureau of Nursing of the Red Cross.
>
> A *masseuse* will be paid $50.00 a month, with maintenance and transportation.
>
> [Here follow the same passport and physical examination instructions as apply to the Red Cross Nursing Service.]

The Nursing Service assigned 193 nurses expert in the care of special diseases to the Army Nurse Corps for service in the following special base hospitals of the Medical Department: No. 114, Orthopedic (assigned to service in the United States and later to foreign duty); No. 115, Eye and Ear (assigned to service in the United States and later to foreign duty); No. 116, Fracture (assigned to service abroad); No. 117, Psychiatric (assigned to service abroad); a mobile operating unit under Major P. R. Turnure, M. R. C. of New York City.

As the Selective Draft brought thousands of recruits to the cantonments, which had sprung up overnight in rows of unpainted barracks like clusters of enormous gray mushrooms, a problem in sanitation arose which presented an opportunity to the Red Cross for vital service to the enlisted man. Within the military boundaries of each cantonment, sanitary measures were directly under the charge of Army Medical officers. In the regions immediately surrounding the military district, this responsibility was divided between State, county and municipal health departments. The physical well-being of the new armies was intimately related, however, to these extra-cantonment zones. Through the coöperation of the War and Treasury Departments, the United States Public Health Service had agreed to assign an experienced sanitarian of its staff to supervise health measures about each cantonment. This officer was

duly invested with such powers as the State and Local Boards of Health would transfer.

Neither the Federal Public Health Service, nor local agencies possessed, however, sufficient funds to employ an adequate personnel to help this officer. Legislative action would have consumed valuable time. The Red Cross accordingly set aside an initial appropriation of over $10,000 to organize a Bureau of Sanitary Service under the Department of Military Relief and supplemented this appropriation from time to time to the amount of approximately $750,000 in the aggregate.

Dr. Taliaferro Clark, Surgeon, United States Health Service, and one-time director of the Red Cross Bureau of Sanitary Service, stated in the Annual Report of 1917, the method under which this bureau operated:

> Assistance is given only on request from a State and on recommendation of the Surgeon General of the United States Public Health Service, under whose direction a sanitary survey is being made in the vicinity of each cantonment.
>
> Upon receipt of a report from the Public Health Service stating the conditions in a district and establishing the need for aid, the Red Cross promptly furnishes this supplementary assistance by assigning to the district bacteriologists, sanitary inspectors and Red Cross public health nurses, with an appropriation sufficient to provide equipment, transportation and maintenance.

Miss Noyes wrote on August 6, 1917, to chief nurses of all units and detachments, stating that the National Committee on Red Cross Nursing Service had voted the week before in favor of a special enrollment for public health nurses, exempting them from active military service, if they desired, so that they might undertake cantonment zone work. Miss Noyes suggested that all nurses who were enrolled in base hospital and other units, yet who by training and experience were fitted for cantonment zone service, should be withdrawn from the units then being organized for the Army and should be transferred to cantonment zone service.

This particular phase of war nursing surrounding the cantonments consisted in sanitary work in connection with the public and private water supply; the disposal of sewage and garbage; the drainage of mosquito-infested swamps; the in-

spection of food supplies; and the control of communicable diseases. Miss Ella Phillips Crandall, executive secretary of the National Organization for Public Health Nursing, assisted the Red Cross in the selection of public health nurses for this service, one hundred and fifty-four of whom were assigned to twenty-nine sanitary zones at the following localities: Alexandria, La.; American Lake, Wash.; Anniston, Ala.; Atlanta, Ga.; Augusta, Ga.; Ayer, Mass.; Charlotte, N. C.; Chattanooga, Tenn.; Chillicothe, Ohio; Columbia, S. C.; Des Moines, Iowa; Manhattan, Kansas; Fort Worth, Texas; Greenville, S. C.; Hattiesburg, Miss.; Houston, Texas; Jacksonville, Fla.; Leavenworth, Kansas; Little Rock, Ark.; Louisville, Ky.; Macon, Ga.; Montgomery, Ala.; Newport News, Va.; Petersburg, Va.; Portsmouth and Norfolk, Va.; San Antonio, Texas; Spartanburg, S. C.; Waco, Texas; Wrightstown, N. J.

By vote of the National Committee on Red Cross Nursing Service in May, 1918, the name of the Red Cross Town and Country Nursing Service was changed to that of the Bureau of Public Health Nursing Service. To it were delegated during the summer of 1918 the responsibility for public health nurses assigned to extra-cantonment zones.

Second in military importance to American combat troops in France were the essential war industries in the United States, which furnished supplies to the American Expeditionary Forces and to the Allies. For ten miles along the Ohio River, in whose dark, swiftly-flowing waters were reflected at night the glaring throats of a thousand furnaces, stretched the United States Ammunition Plant at Nitro, in the West Virginia hills. From Muscle Shoals, Alabama, came the nitrate for high explosives. Various other centers for manufacturing essential war supplies were located in different parts of the country and employed many thousands of workers. The health of these men and of their families was of paramount importance, —for upon their labor depended the output of these manufacturing centers— so the Government established base hospitals to care for accident cases and illness which occurred there.

The Surgeon General of the United States Public Health Service, under whose department these hospitals were maintained, agreed to utilize for this service nurses who had been slightly below the physical requirements of the Army and Navy, or those slightly above the maximum age limit, or married nurses whose husbands were in military service, a group which

was barred from joining the Army Nurse Corps. Eighty-eight nurses were assigned to this service.

To Marine Hospitals and to special institutions maintained by the United States Public Health Service for the care of pellagra, trachoma and other contagious diseases, fifty-four Red Cross nurses were assigned before the Armistice. The development of the Nurse Corps of the Public Health Service is treated more fully in a later chapter.

The first field service which American Red Cross nurses experienced as reserve members of the Army Nurse Corps was on the Mexican border. This type of duty began in 1911. In the spring of 1914, the Punitive Expedition was dispatched to Vera Cruz and occupied the city. Army nurses accompanied the military forces. Early in 1916, the Villesta forces killed several American miners and the United States Government demanded reparation. On March 9, 1916, Villa invaded Columbus, New Mexico, killed seven troopers and several civilians and fired many buildings. President Wilson then ordered a punitive expedition under "Black Jack" Pershing to cross the border in pursuit of Villa, but to respect scrupulously the sovereignity of the Mexican Republic. Pershing, with the aid of Carranza's troops, drove Villa into the hills, but the chaotic state of anarchy existing in Mexico continued.

In June, President Wilson changed his policy of "watchful waiting" to one of border defense; in a note of June 2, 1916, sent to all factions, he warned them that they must adjust their differences and "act promptly for the relief and redemption of their prostrate country" or else the United States would be "constrained to decide what means should be employed to help Mexico save herself." On June 12, two troops of U. S. cavalry (colored) approached the town of Carrizal, requested permission of General Gomez to pass, stopped at his suggestion to confer and were fired upon by the Mexican forces. A number of soldiers, including the officer in command, were killed and twenty-four were taken prisoners. President Wilson immediately demanded that Carranza define his attitude and surrender the prisoners. On June 18, he called out every militiaman in the United States to strengthen Pershing's line of 12,000 Regulars which extended 280 miles directly south to Namiquipa. Sixteen battleships steamed to the Mexican coast. Congress officially authorized the President to draft the Na-

tional Guard into Federal service and voted $26,000,000 for the emergency. Carranza then yielded and returned the prisoners. Notes proposing diplomatic settlement of the differences between Mexico and the United States were exchanged in July. At this juncture, Villa emerged from among the hills and the "cat and mouse" warfare that had been going on before began again.

With over 200,000 Regulars and Militiamen in the field in August, 1916, the United States Army established during the summer five base hospitals, five camp hospitals and one cantonment hospital along the Mexican border.[22] Kathrine Donnelly, Lulu T. Lloyd, Alice B. Harvey and Nannie B. Hardy, reserve members of the Army Nurse Corps, had been in service with the border troops since 1914. When the relations between Mexico and the United States became strained in the spring of 1916, Colonel Kean, then acting chairman of the Central Committee of the American Red Cross, wrote May 15 to the Surgeon General, offering the services of "such a number of nurses, not exceeding forty, as may be needed." The Red Cross at the same time offered to pay the salaries of these nurses and to furnish transportation for them to the place of service, but the Army to furnish maintenance. "It is presumed," concluded Colonel Kean, "that after July 1 these nurses can be paid from the Army appropriation if their services are still needed." Red Cross records show no evidence of a written reply to this offer.

Colonel Kean took up the question again in a letter addressed July 28 to Colonel Birmingham, then Acting Surgeon General. This letter contained interesting arguments of the three ways in which the number of nurses available for the Medical Corps might be increased. The first way was to increase the number of nurses in the Regular Nurse Corps. The second way was to call reserve nurses, namely, American Red Cross nurses, into active service in the Army Nurse Corps. The third way was to employ contract nurses "who may or may not be enrolled Red Cross nurses," stated Colonel Kean, "but who are paid out of the Medical and Hospital Appropriation."

The first method, that of increasing the number of nurses in the Regular Nurse Corps, was then being used to secure nurses for the Army base hospitals on the Mexican border.

[22] Report of the Surgeon General, U. S. A., 1917, p. 23.

"I do not know," argued Colonel Kean in his letter of July 28, "what advantages it has which have led to its adoption in preference to the second method, in an emergency which is of a more or less temporary nature, but I think it is clear that it has the disadvantage of being much slower than calling out the reserve nurses. I understand that only 190 out of the more than 400 which are now authorized, have been obtained during the number of weeks since an increase was authorized. Also, I do not believe," he continued further, "that the best nurses in the country are as easily secured for a permanent engagement in the Army Nursing Service as can be secured by the selection from the Reserve. In the latter, as you know, a very large number is available from which to select, and there is the appeal of patriotic service which is not so much in evidence in the Army."

Colonel Kean's argument next dealt with the third method, the employment of nurses by contract. In his opinion, it had several disadvantages. "In the first place," he stated, "the term 'contract nurse' is one which was brought into discredit during the Spanish-American War by the employment in this way of untrained nurses and of women for matrons and other purposes than special nursing, and the term 'contract nurse,' like 'contract doctor,' is itself not an attractive one. Also, the fact that these nurses are paid out of the Medical and Hospital Appropriation, which is never too large, rather than from the appropriation for pay of the Army, is a serious disadvantage. I think, therefore," he declared, "that this method of securing nurses should not be considered."

After a discussion of the probable number of nurses needed, which Colonel Kean estimated would ultimately be one thousand, he proceeded with directness to his conclusion: "I am writing to suggest that the additional nurses needed in the present emergency, due to the calling out of the National Guard and the mobilization of the Army on the border, be furnished from the nurses' Reserve, as is contemplated by the Regulations, and that this office be taken into the confidence of the Surgeon General's office as far as possible and notified as much in advance as may be practicable of the calls which may be made upon it for nurses."

On July 29, 1916, the Surgeon General replied to Colonel Kean, requesting that "this office be furnished with the names of forty reserve nurses in groups of about ten, who are willing

to be assigned to active duty in the Military Establishment and who can respond to an immediate call." In this letter, the Surgeon General also stated that the physical examination required by the Red Cross for enrollment would be satisfactory, but he requested that the credentials of each nurse assigned to meet this call should be sent to his office.

Insight into the reasons why the War Department did not accept earlier the offer of Red Cross assistance was contained in a letter written by Miss Delano August 10 to Mrs. William K. Draper:

> . . . The Red Cross offer, to send forty or fifty nurses to the border, went to the War Department and after much discussion it was decided by the Secretary of War, I believe, that the Army could not accept this contribution from the Red Cross except when war was actually declared. Their appropriation for additional nurses is now available and we have again offered to send nurses as they are needed.
>
> I believe that at present there is some question concerning quarters, but at any rate the nurses are ready. I began some time ago the development of what we call emergency detachments of which we now have a good many available. Our base hospitals are well developed, nearly ready for service. I thank Heaven every day that we were fortunate enough in beginning the organization of the Nursing Service so long ago that now there need be no delay as far as the nurses are concerned.

Four days later, August 14, the Surgeon General called upon the Red Cross for one hundred nurses, instead of forty, for border service. As this was the first call of sizable dimensions which the Red Cross Nursing Service had received, the rules and regulations handed down by the Surgeon General are of importance, in that they constituted the precedent which later governed the assignment of American Red Cross nurses to the Army Nurse Corps during the participation of the United States in the European War. In his letter of August 14, the Surgeon General stated that reserve nurses must be citizens of the United States. Colonel Kean in his reply of August 16 wrote:

> 2. The requirement mentioned in your letter, which is a new one as far as reserve nurses are concerned,—that reserve nurses must be citizens,—may delay somewhat the calling out of the emergency detachments, as the question of citizen-

> ship has to be put to each individual nurse. The War Relief Board, of which the Surgeon General of the Army and the Surgeon General of the Navy are members, have considered the regulations for enrollment in the Red Cross Reserve and have not considered this requirement necessary for reserve nurses, whose service is of a more or less temporary character, although it is required of members of the Army Nurse Corps. They have always, of course, been required to take the oath of allegiance. This requirement seems somewhat at variance with the neutral and international character of the Red Cross.

In his letter of August 16, Colonel Kean next dealt with two questions of only temporal importance. He suggested that nurses assigned to border duty be permitted to serve for a period of only six months, if necessary, so that they might return to positions which were being held open for them. He also requested that several reserve nurses from various base hospital units be assigned to the border, so that they might become familiar with Army paper work and other conditions peculiar to Army nursing. The last point made in this letter was one of vital importance. Colonel Kean wrote:

> 5. As the question of insignia for Red Cross nurses when on active duty has not been authoritatively settled, it is requested that a ruling be made that they shall wear the Reserve cap with the Red Cross on the front and the Red Cross cape which is issued to them gratis. This is considered of importance on account of the international and well-accepted character of this insignia and its value in maintaining *esprit de corps.*

In a letter written August 18, the Acting Surgeon General, Colonel Birmingham, answered these points in the following order and manner:

> 1. Your letter of August 16 is herewith acknowledged.
>
> 2. As there appears to be no law requiring the reserve nurses assigned to active duty in the Military Establishment to be citizens of the United States, so much of letter dated August 14 as pertains to this need not be regarded, though citizens, or those who have made declaration of intention to become such, will be given precedence.
>
> 3. You are authorized to inform reserve nurses volunteering for active service that they may on request, be relieved from active duty and given transportation, to the place from

which they started, at the end of six months' service, unless in the meantime, the need for their service ceases to exist or in case of misconduct.

4. In the case of nurses assigned to active duty, and who are enrolled for base hospital units, every effort will be made to transfer them to the unit of which they are a part, should the unit be called out, provided the Red Cross will nominate other nurses to replace them.

5. There is no objection in this office to the use of the Red Cross cape and cap by reserve nurses.

Immediately upon receipt of Col. Birmingham's answer, Miss Delano called out emergency detachments which had been organized by Local Committees in Alabama, Colorado, Georgia, Nebraska, Iowa, Louisiana, Maryland, Minnesota, New Jersey, New York, Ohio, Pennsylvania, Texas, Virginia and Washington, D. C. One hundred and forty-four nurses were first assigned to Camp McAllen, Fort Sam Houston, Eagle Pass, Laredo, Llano Grande, Brownsville and Fort Bliss in Texas; to Nogales and Douglas, Arizona; and to Deming, New Mexico.

Nurses were also assigned to United States Army base hospitals from the base hospital units organized at Bellevue, the Presbyterian, the New York City, the Post Graduate, Mt. Sinai and the German Hospital, of New York City; at the Boston City, the Massachusetts General and the Peter Bent Brigham, of Boston; at the Lakeside, of Cleveland; at the Rochester Hospital, of Rochester, New York; at the Harper Hospital, of Detroit, Michigan; and at the Washington University Medical School, of St. Louis, Missouri.

Reserve nurses who went to the border were almost unanimous in their expression of enjoyment of the service. The chief nurses were Regulars of the Army Nurse Corps. An eight-hour day gave the nurses ample leisure. The work in itself was light, but the Reserves found unending interest in the routine of an Army General Hospital. "The Military is so different!" they wrote Miss Delano.

At Fort Sam Houston, San Antonio, Texas, the base hospital of one thousand beds was always full. "The patients are mostly typhoid and operative cases and soldiers suffering from exhaustion due to the hot sun," wrote Ada Hayton, of the Washington, D. C., emergency detachment, to Miss Delano. Elizabeth E. O'Keefe, another reserve nurse, wrote of the attitude with which visitors and patients regarded the Reserve:

> We are quite amused at the terms applied to us by the soldiers and their visitors to designate us from the Army nurses. A young woman visiting one of the wards, stopped me to say "I want to ask you a question, and if you are not allowed to answer it, why just say so, won't you?" I nodded. Imagine my surprise when she drew a long breath, screwed up her courage and whispered confidentially: "You Red Cross nurses aren't really all graduate nurses, now, are you?"
>
> A patient said to one of the Reserves, as she was giving him a bath: "Do you find this work very hard to learn?" "What do you mean?" she asked. "Why," he replied, "aren't you one of those society women who are doing this for fun and the good of humanity?"

At Fort Bliss, Texas, the Army base hospital cared for an average of five hundred patients, the majority of them accident cases. Here as in other bases, the nurses were at first somewhat uncertain as to their exact duties. "After we get better acquainted with the Army," wrote Ellen Thomas to Miss Delano on September 12, 1916, "I think we will be busier. The Corps men have done all the work until June of this year and it is now rather difficult to know where their work stops and ours begins."

Overlooking the low brush and cacti of the Mexican shore, directly on the bank of the Rio Grande, stood the Brownsville Hospital. In a letter written September 28, 1916, to Miss Delano, Edith L. Wood, reserve nurse, described their "quarters":

> We are fairly comfortably situated here in a low frame building, just boards, with two of us in each room. Everything is screened against mosquitoes and we sleep under nets. Though the heat is intense during the day, the wind off the Gulf of Mexico, twenty miles away, makes our nights very comfortable.
>
> All the buildings are of the same construction. The wards accommodate about fifty patients each. They are so quickly and easily assembled that they seem to spring up overnight like mushrooms. A month ago there was nothing here but dust, sandfleas, cacti and heat. Now it looks like a small village.
>
> No special disease prevails. We have something of everything, quite a bit of malaria, and a fever called "dengue," which the merry mosquitoes give us.

One of the five camp hospitals which the Medical Corps maintained on the border was located at Llano Grande, Texas. A reserve nurse who had seen service with the British Expeditionary Forces during the early years of the European War wrote of the work at Llano Grande:

> Our experiences are quite different from those in an English camp hospital in France. We were much disappointed at first to find our hospital so poorly equipped. Camp life in France was so very fascinating and the nurses were treated with great respect by the British Tommies. . . .
>
> We were later transferred to Fort Sam Houston, where everything is well systematized, with supplies in abundance. Here we found our boys quite as appreciative as the English and French and so full of fun!

The camp hospital at Douglas, Arizona, consisted of tents and wooden barracks. "Nurses' quarters," wrote Harriet Hankins to Miss Delano on August 27, 1916, "are separate and are built of wood, with excellent floors, plenty of screened windows, running water, in fact are wonderfully comfortable. Each nurse has a bed, a bureau and a built-in wardrobe." Miss Delano's reply was reminiscent of her own early experiences in the West: "Soon after my graduation," she wrote, "and almost my first work was in the mining camp at Bisbee, Arizona, not far from your present assignment. In those days, the Apache Indians were usually on the war-path and we never dared stir out without a revolver. I imagine things are more civilized now."

The wooden buildings and tents at Douglas, which were comfortable enough during the summer of 1916, were meager protection against the raw fall rains and the bitterly cold winters. The nurses stationed there then experienced more of the rigors of open camp life, for a letter written by a member of a Local Committee on Red Cross Nursing Service to Miss Delano gave a different picture:

> Their quarters were a small tent shared by five nurses. There was no way of heating it; the weather was very cold. The nurses in the shacks had four blankets and a stove. When it rained, the water would run under the cots. The flooring of the tents was earth. One very cold night the wind blew up the top of the tent and the nurses gathered up their blankets and clothes and spent the rest of the night on the

> floor of the dining-room. They used to stand on their cots to dress so they would not have to put their feet on the cold earth.[23]

This first field service with the Army which reserve nurses experienced on the Mexican border was of great value in acquainting American Red Cross nurses with military discipline. In her letters in reply to complaints which the nurses sent to National Headquarters, Miss Delano emphasized again and again the unofficial connection which she held to Red Cross nurses after they had once been assigned to the Army Nurse Corps. The Red Cross could in no way interfere with the discipline of the Army and Navy and no one appreciated this fact more than did Miss Delano. To complaints, her answers were almost invariably as follows:

> In the first place, Red Cross nurses when assigned to duty in a military hospital become temporarily members of the Army Nurse Corps, subject to all rules governing that service. It is impossible for me to take up this situation officially. Any statement should be sent through the chief nurse and the regular military channels.
>
> May I urge, however, that you keep the nurses from discussing this matter and ask them to accept without question any decision of the chief nurse? Be patient for a little while. You know how deeply interested I am in everything concerning Red Cross nurses, but when it comes to a question of military authority, I am quite helpless. I can only count on you to do your best to keep things running smoothly.

Though only a minor skirmish in comparison with the titanic struggle to come, the Mexican border service of 257 reserve nurses remained an illuminating and, for most of them, a worth-while memory.

Both from a utilitarian and from an æsthetic point of view, the uniform of the American Army nurse on active duty during the European War differed greatly from the costumes worn by nurses in previous wars. Volunteer and professional nurses of the Spanish-American War had gone to their posts of duty garbed in civilian dress or in the uniform of their school of nursing. The appearance of the Civil War nurses, in crinoline and shawl, is familiar to students of American military history.

[23] Red Cross Archives, National Headquarters, Wash., D. C.

The description of the "grey tweed wrapper, worsted jacket with cap, a short woolen cloak and frightful scarf of brown holland" [24] of Miss Nightingale's nurses calls up an awesome image.

The uniform of the American Army nurse was both useful and attractive. It consisted of blue norfolk coat with the bronze letters U. S. and the caduceus of the Army Medical Corps with the initials of the Army Nurse Corps superimposed upon them, the short blue skirt above brown shoes, and trim sailor hat, or the white, one-piece dress worn with the scarlet-lined blue Red Cross cape and the winged white cap. A war correspondent once asked a doughboy from a Pennsylvania mining town, who had been brought into an American base hospital with a shattered leg, what he thought of the reserve Army nurses there. "It gives me," replied the Pennsylvanian, "beneficient shell-shock to look at 'em!"

The distinctive uniform of the American nurse was, however, a gradual evolution. The Manual of the Medical Department, 1906, the edition in which first appear regulations regarding the uniform of Army nurses, stated that "the uniform of the Army Nurse Corps shall consist of a waist and skirt of suitable white material, adjustable white cuffs, bishop collar and white cap, according to patterns and specifications in the office of the Surgeon General." [25]

At the first meeting of the National Committee on Red Cross Nursing Service, which was held in New York on January 20, 1910, a committee which consisted of Miss Delano, Miss Boardman, Miss Nevins and Major Lynch (then in charge of Red Cross First Aid instruction) was appointed to draw up a circular of information regarding enrollment in the Nursing Service. This circular was printed by the National Headquarters on April 1, 1910, and contained the following regulations:

Uniform and Badge

> Unless otherwise authorized, nurses called upon for service under the Red Cross will wear plain white uniforms with bishop collars and caps, the patterns of which will be provided by the American Red Cross on application to the chairman of the National Committee on Red Cross Nursing Service. . . . [Address follows.]

[24] "Memories of the Crimea," Sister Mary Aloysius, p. 17.
[25] Manual of the Medical Department, 1906, p. 31.

> At the time of appointment each nurse will receive a badge with her name and the number of the badge engraved on the back and a record of the same will be kept in the National office of the Red Cross in Washington.
>
> Under the Act of Congress incorporating the Red Cross, this badge cannot be legally worn by any other than the person to whom it is issued, and is owned by the American Red Cross. It should be worn on the front left-hand side of the collar. In case of withdrawal from enrollment, the badge and certificate of appointment must be returned to the chairman of the National Committee on Red Cross Nursing Service. . . . [Address follows.]
>
> In the event of war, the Red Cross will provide all nurses called upon for active service with blue capes—bearing the insignia of the Red Cross.

Miss Delano, with a rare sense of the dramatic and an appreciation of the power of sentiment, designed the cape referred to, which has since become perhaps the most distinguishing mark of the American nurse on active service during the European War. It was a circular garment of medium length, made of navy blue flannel and lined with scarlet, and it was usually worn flung back over the left shoulder. On the left side was a Red Cross and by reason of the high ideal of conduct which Miss Delano set for the enrolled nurses and the vivid appearance of the garment itself, nurses grew to honor and love the cape and to wear it with soldierly pride. It symbolized for them the romance and the sacrifice of war nursing.

The use of the Red Cross brassard was outlined in the original Treaty of Geneva and was defined in the revised Treaty of Geneva, which was signed July 6, 1906:

> Article 20. The personnel protected in virtue of the first paragraph of article nine and articles ten and eleven, will wear attached to the left arm a brassard bearing a red cross on a white ground, which will be issued and stamped by competent military authority, and accompanied by a certificate of identity in the case of persons attached to the sanitary service of armies who do not have military uniform.

In the Regulations concerning the American Red Cross Nursing Service, as adopted by the Executive Committee December 20, 1912, which superseded the Circular of Information issued April 1, 1910, the following sentence was incor-



Outdoor uniform of an American Red Cross nurse. This uniform was also worn during the European War by all members of the Army Nurse Corps, with the insignia of that Corps.

porated into the section defining the Red Cross nurse's uniform: "Nurses are not at any time allowed to wear Red Cross brassards without special authority from the American National Red Cross."

The next mention of uniforms is to be found in the Minutes of a meeting of the National Committee on Red Cross Nursing Service, held December 9, 1913, at which "it was decided to adopt a nurse's uniform for the Red Cross Nursing Service if a suitable material could be found. . . . Miss Delano was asked to get information about gray cotton crepe material, the cost, width, etc. and to send this information to all Local Committees."

At a meeting held at the Planters' Hotel, St. Louis, Mo., on April 24, 1914, the National Committee again discussed the question of equipment and uniforms and "it was suggested that patterns be distributed by Local Committees and that Local Committees be ready to help with details in any way in order to relieve the Washington office. Samples of the uniform material were distributed, so that the nurses might begin their preparation. . . . The meeting was crowded with earnest, dignified, enthusiastic nurses ready to prepare for work which might come." [26] When within four months, the first call for the mobilization of Red Cross nurses on a large scale sounded in the organization of the Mercy Ship Expedition of 1914, the uniform was thus practically agreed upon. The nurses of the Mercy Ship, as it has been explained in Chapter IV, wore the gray cotton crepe uniform, with white collars and cuffs, a navy blue ulster and the Red Cross cap and cape. National Headquarters allowed them to wear also the Red Cross brassard.

In the meantime, certain small changes had occurred in the uniform of the Army Nurse Corps. In 1912, the Surgeon General had authorized nurses on duty in the Philippines and in the Hawaiian Department to wear low collars. In 1913, he issued regulations changing the "waist and skirt" to a one-piece dress similar to that worn by Army nurses during the European War. When Army nurses were ordered with the Punitive Expedition to Vera Cruz, Mexico, the question of laundry arose and Miss McIsaac, then superintendent of the Army Nurse Corps, decided that gray crepe uniforms would solve the problem. One of the nurses ordered there was Sayres L. Milliken, who later became assistant superintendent of the

[26] Minutes of the National Committee, Vol. I, pp. 83-85.

Army Nurse Corps; she wrote, "I supplied myself at my own expense with gray crepe uniforms, made exactly like our white ones, touched off by white collars, cuffs and aprons. This uniform, however, was so unbecoming and washed so poorly that the nurses wore them only a few weeks and then, by special permission from Miss McIsaac, went back to the white uniform."

As for the Red Cross nurses, the gray uniform for ward duty and the white uniform for dress wear, which were both worn with the Red Cross cape, remained the only distinctive uniform of the Red Cross nurse until 1916. Then National Headquarters undertook the organization of base hospitals and other units for the Army and the question of uniforms arose again. Miss Delano was strongly in favor of using the gray uniform, because she thought it was highly practicable, but the Surgeon General's office did not share this opinion and Miss Delano was forced to coincide with their decision to continue the use of the white uniform, since nurses of base hospitals and other units, when turned over to the War Department, became members of the Army Nurse Corps and as such would be required to wear the uniform of that Corps.

On June 26, 1917, Miss Delano telegraphed Miss Noyes, then chief nurse of Base Hospital No. 1, that "to save purchase of additional uniforms, it has been decided that members of base hospital units may wear the uniform of their school, except caps. Brassards, capes and caps will be supplied without cost by the Red Cross upon assignment to duty." Formal authorization of the change from the gray to the white uniform was requested by Miss Delano in a letter written July 17, 1916, and addressed to General Murray, then acting-chairman of the Central Committee; this letter was returned approved by General Murray, Colonel Kean and Mr. Bicknell under the same date.

While the American Nurses' Association was holding its Twentieth Annual Convention in Philadelphia, National Headquarters wired Miss Noyes April 29, 1917, of the impending mobilization of six base hospitals for service with the British Expeditionary Forces. Miss Noyes returned post-haste to Washington to look into the question of an outdoor uniform. The Army had not standardized an outdoor uniform for its Nurse Corps, but the Surgeon General's office concurred in the opinion of the Red Cross War Council that nurses of the units assigned to the British Expeditionary Forces should be distinctively

garbed as United States military personnel. Miss Noyes telegraphed Miss Van Blarcom, then the representative of the Nursing Service in the Atlantic Division headquarters, New York City, to call together a committee composed of the chief nurses of base hospital units organized in the larger civilian hospitals of New York City, to consider the selection of a suitable outdoor uniform. Miss Maxwell, of the Presbyterian Hospital, and the other members of this group had sample garments and prices ready to submit to the committee by the time Miss Noyes got over to New York. The committee selected an outdoor uniform consisting of a one-piece blue serge dress of distinctive military cut, a heavy blue ulster and a blue velour hat of campaign style and Miss Noyes immediately placed orders for a large number of these uniforms with a New York manufacturing clothier.

Base Hospital No. 4 (Lakeside) arrived at the port of embarkation, however, before the uniforms were ready. The nurses of the unit sailed in civilian clothes, with only such accessories as capes, blankets, caps and other articles then in Red Cross supply rooms, but their measurements were taken so that the next unit scheduled to sail a few days later might take over their equipment. The Peter Bent Brigham Unit (Base Hospital No. 5) also embarked without uniforms. The third column to be ordered out was the Presbyterian Unit, and the nursing staff not only went completely uniformed but took with them equipment for the Lakeside and Peter Bent Brigham units. So hurried had been the embarkation of these three pioneer columns that many of the nurses, especially those who lived at a considerable distance from New York City, went directly from the trains to the docks and Miss Noyes, Miss Van Blarcom, members of the New York County Chapter and the tailors' assistants, followed them in taxis and private limousines piled high with boxes of dresses, hats and other articles.

The New York County Chapter, which had equipped the nurses of the Mercy Ship, acted as agents for National Headquarters. Mrs. John S. Thatcher, Frances Anderson and Mary Magoun Brown volunteered their services. The Chapter assumed the immediate responsibility for the payment of the clothiers' bills until National Headquarters could secure a decision from the War Department that the Government would furnish nurses' equipment, or until the Red Cross War Council could appropriate funds for this purpose.

Miss Noyes notified the manufacturing tailor on June 1, 1917, to prepare to equip Base Hospital No. 17, of Detroit, and four additional Army base hospitals. Her letter also gave an important change in procedure; Miss Thompson had consented to issue nurses' sailing orders several days in advance so that the nurses might have opportunity to be measured and fitted for uniforms after their arrival in New York. This was a great advantage over the former system by which the chief nurse had endeavored to secure and forward the nurses' measurements to the manufacturing tailor before the unit had left its home city.

The Minutes of the National Committee on Red Cross Nursing Service, which met June 16 at National Headquarters, recorded this action:

> The chairman stated that in order to equip Red Cross nurses assigned to duty as expeditiously as possible, it was necessary to appoint a special committee on uniforms, who would be responsible for selecting the uniform and issuing the equipment. As the time was limited, the chairman appointed this committee as follows: Mrs. John S. Thatcher, chairman; Miss Charlotte Stillman; Miss Frances Anderson; Miss Anna C. Maxwell; Miss Mary M. Brown.
>
> The chairman asked that this action be ratified, as this Committee should be appointed by the National Committee rather than by the chairman. [Motion to this effect made and carried.]

Mrs. Thatcher immediately began to look about for a suitable place in which to establish headquarters for the equipment division. She visited the newly-established headquarters of the Atlantic Division, then located at No. One, Madison Avenue, and conferred with Miss Van Blarcom, who as the representative of the Nursing Service in the Atlantic Division was an ex-officio member of the Committee on Equipment. It was then decided to locate the equipment work there. Miss Van Blarcom at the same time secured the services of Maude G. Moody to assist Mrs. Thatcher in the business details of the work. "Mrs. Moody has been recommended to us," wrote Mrs. Thatcher to Miss Noyes on June 14, "as an unusually capable woman, of good executive mind, tactful and of pleasing personality."

Mrs. Moody wrote of the expansion of the early division of nurses' equipment:

In June, 1917, the Atlantic Division took offices on the thirty-second floor of the Metropolitan Tower, and the Bureau of Nurses' Equipment was soon in actual operation there. On the twenty-eighth floor we had a little storeroom where our stock of all articles, excepting the ulsters and dresses, was kept. We carried tan gloves, aprons, etc., for the nurses to purchase at cost.

Army Base Hospital No. 15 (Roosevelt Hospital) was the first unit equipped by the bureau. As we had no assembly room to which the nurses could come, we conveyed the equipment to them at the hospital. To transport those many packages, Mr. John Nieser of the Manhattan Storage and Warehouse Company offered us the use of his vans. Ellis Island in the meantime had been designated as the nurses' mobilization station, and it was not unusual to see the vans backing up at the ferry-house discharging their cargo of hundreds of boxes of all sizes, to be transferred to the waiting baggage trucks which husky corpsmen hustled aboard the ferry. Perilous indeed were those trips from Island No. One to Island No. Three, when we dashed from one truck to another trying to keep that precious equipment from falling under the wheels! Once safe in the large many-windowed assembly room of Island No. Three, the hold-alls and boxes were arranged alphabetically and given out to the long line of waiting nurses, who signed their cards, had their hats fitted and went off laden with burdens almost too great to carry.

Following the establishment of the Bureau of Nurses' Equipment at Atlantic Division headquarters, the next step in building up efficient organization was the transfer of all responsibility for equipping nurses from the New York County Chapter to Division and National Headquarters. Mr. Leo Arnstein was then Director of Military Relief of the New York County Chapter and he was loath to surrender responsibility which he felt belonged in his department. Miss Noyes announced this transfer in a letter written June 15 to Mr. Harvey D. Gibson, then chairman of the Executive Committee of the New York County Chapter. "This arrangement," commented Miss Noyes, "will centralize all nursing affairs at a given point, an arrangement never before possible owing to the fact that we have not had a direct representative in New York until Miss Van Blarcom's assignment there. I cannot begin to tell you," she concluded, "how grateful we are to the Chapter for the services which they have rendered in the past. We must have been a very great trial at times."

The cost of equipping these first units of nurses was increasing by leaps and bounds and National Headquarters had already foreseen that financial responsibility for this work would far exceed the resources of the New York County Chapter and would soon become a matter for decision between the War Department and National Headquarters. Miss Noyes submitted a memorandum to the War Council in July, 1917, which recommended outdoor uniforms for nurses at an estimated cost of $35,580 per thousand nurses. "The War Council," stated the minute covering a meeting of the War Council held July 4, 1917, "decided to refer the matter to Colonel Kean, with instructions to present it formally to the War Department. As the nurses, on going into service, come immediately under the War Department, it would seem that the War Department should decide upon the uniform and pay for same."

At a meeting held July 10, Mr. Wadsworth again brought up the question of nurses' equipment. Mr. Davison stated that it was the policy of the War Council that Red Cross nurses assigned to service in Allied countries should always be uniformed. The War Council accordingly voted that the "Chapters sending Red Cross units shall provide uniforms for nurses, that nurses whom Chapters are unable to uniform shall be uniformed by National Headquarters, and Mr. Wadsworth is directed to make arrangements accordingly with each Chapter."

Early in July, Colonel Kean was placed in charge of the Ambulance Service of the American Expeditionary Forces and was sent immediately to France. John D. Ryan, of New York City, was elected Director General of Military Relief. Colonel Winford Smith, late superintendent of Johns Hopkins Hospital, was detailed on July 18, 1917, to represent the Surgeon General at National Headquarters and on August 31, he was elected Director General of Military Relief, following the appointment of Mr. Ryan to membership on the War Council.

While the War Department, National Red Cross Headquarters and Local Red Cross Chapters were considering who should pay the bills for nurses' equipment, the fortunes of war took a hand in the matter. The S. S. *Saratoga*, on which Base Hospital No. 8 had embarked for France, collided on July 30 in New York Harbor with the *City of Panama*. The nurses had gone to their staterooms, had removed their heavy uniforms on account of the intense heat and in kimonos and night gowns

were resting or sleeping. Following the collision, all hands were ordered immediately to the life-boats. The nurses caught up capes and coats, flung them over their scant garments and, with admirable *savoir faire*, took their places in the boats, abandoning not only their uniforms but other articles of clothing and their money as well.

The *Saratoga* sank eighteen minutes after she had been struck. The life-boats containing the nurses were rowed some distance from the accident and held there for further orders. The men of the rescuing crews spread their coats over the shoulders of the nurses to protect them from the glare of the July sun. After a tedious delay, the nurses were rowed to Ellis Island. The interned Germans and agents detained on the Island crowded to the wire fences to watch the American women come ashore. Wet and insufficiently clad, with their arms and faces burned and their nerves taut from a harrowing experience, the nurses, when they heard the jeering words of the enemy, conducted themselves according to the best traditions of American womanhood. Up went their heads and they marched proudly to their dormitories with laughter on their lips.

On August 1, Miss Van Blarcom telephoned Miss Noyes that the nurses of the unit were stationed on Ellis Island without adequate clothing. Miss Noyes went immediately to the offices of the War Council; the members were holding one of their customary morning meetings. Miss Noyes presented the facts of the case and asked the War Council to appropriate funds sufficient to reëquip the nurses,—an appropriation which she estimated roughly at $14,000 or $200 per nurse. A member of the War Council suggested that Miss Noyes call the War Department to ascertain whether any Government fund was available for such purposes.

Miss Noyes was referred to Colonel Birmingham, then Acting Surgeon General of the Army. He stated that the only possible way in which the War Department could reëquip these nurses was by special Act of Congress!

Miss Noyes again went to the War Council and within two hours after the time when Miss Van Blarcom had first telephoned, National Headquarters had appropriated $14,000 for the complete reëquipment of the destitute nurses at Ellis Island and Miss Noyes had instructed Miss Van Blarcom by telephone to begin the selection and purchase of the various articles.

When the nursing representatives of the Atlantic Division went over to Ellis Island to confer with the nurses regarding their needs, they found a chaotic condition. Mrs. Moody described it:

> Ellis Island showed us "stay-at-homes" to a small degree at least what war meant. Island No. 3 looked like a refugee camp in a war-ridden country. Spread over the lawn were water-soaked army lockers, stained and muddy clothing, here a white uniform streaked with the red of a cape which had lain near it, there a pathetic-looking shoe ruined beyond repair. Too much cannot be said in praise of the courage displayed by these women who after a harrowing ordeal during those torrid summer days met us with a joke and a smile.

In the meantime, the six American base hospitals assigned to the British Expeditionary Forces had arrived in France. None of the British General Hospitals where they were detailed for duty were equipped with laundries and the nurses soon discovered that they would have to wash out the white uniforms after they came off duty if they were to present a neat and professional appearance. Members of several base hospital units even joined groups of French women who were pounding their clothes clean in convenient brooks! "The white uniform is most unpractical," wrote Miss Stimson at Rouen, France, to Miss Noyes. "The night nurses put them on with aprons and caps, then don raincoats and rubbers, carry an umbrella in one hand and a lantern in the other and start on their rounds from one tent or hut to another. By morning you should see the caps of those who have not brought rubber hats, after they have ducked in and out of the tents, and their white skirts, after they have gone splashing through the sticky yellow mud!"

Dr. Richard H. Harte, director of Base Hospital No. 10, which was stationed with the British at Étretat, stated in a letter written to Miss Delano on June 17 that in addition to the impracticality of the white uniform, the nurses' equipment was sadly inadequate. "Each nurse," he declared, "should have a good pair of rubber boots, a mackintosh, and a rubber hat, preferably the ordinary sou'wester worn by sailors. Anything less will be blown off by the terrific winds prevailing here. It is also terrifically cold."

Colonel Robert E. Noble transmitted August 9 to the Di-



Photo. by Signal Corps, U. S. A.

American Red Cross nurses washing their clothing in an improvised laundry set up at American Red Cross Evacuation Hospital No. 110, Coincy, France.

rector General of Military Relief a copy of the following regulation:

> Referring to information received in this office that the white uniform now used by members of the Army Nurse Corps is not practicable for service in Europe, I am directed by the Surgeon General to inform you that the use of a medium gray uniform and white apron has been authorized to be made in accordance with specifications enclosed herewith. This information is furnished so that reserve nurses going to Europe may have their uniforms made to conform with these instructions. This authority has been forwarded this date to the commanding officers of the United States Army hospitals now in Europe.

A certain amount of well-behaved humor appeared in the Minutes of the War Council for August 8, 1917:

> The chairman stated that in preparing Red Cross base hospitals for service abroad, the white uniform for nurses was insisted upon by the Medical Department of the Army; that it now appeared that owing to lack of laundry facilities, white uniforms are impracticable in France and the Surgeon General's office has decided to adopt the gray uniform; that there are sixty-five nurses in each of the six base hospitals with the British forces in France, all equipped with white uniforms purchased at the expense of the individual nurses, the same being true of the nurses in the six hospitals with the American troops in France; and that no doubt many nurses of the hospitals not yet called have supplied themselves with the white uniforms formerly required.
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> The chairman further stated that these nurses could not be expected to go to additional expense in buying more uniforms; that the estimated cost of the gray uniform being about $16 it would require about $1040 to equip the sixty-five nurses of each unit; and on the recommendation of the Department of Military Relief, he advised this appropriation. Whereupon it was, on motion
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> Voted: That from the Red Cross War Fund the sum of $14,000 be and is hereby appropriated for furnishing gray uniforms to the nurses of the twelve base hospitals serving with the British and American troops in France.

Miss Noyes then set about furnishing the gray dress to all nurses of base hospitals and other units, both in this country and overseas, through the New York Bureau of Nurses' Equipment and through the office located in Paris of the chief nurse,

American Red Cross in France. The difficulties of sending the gray uniform to all members of base hospital units then with the British and American Expeditionary Forces was greatly heightened by submarine warfare. Twice the enemy sunk merchant steamers in which gray uniforms had been sent. The following quaint description of the *Sœurs Américaines,* appearing in a French newspaper, recorded their final metamorphosis:

> The American nurses, *notres dames grises,* we see leaving the hotel where they are lodged and note that almost every one is tall and stately in stature, wearing short gray skirts and laced brown boots. The waist has a large white collar and the white apron is worn in a crosswise fashion in the back. The head is coquettishly crowned with a little white cap, which rests softly on the knot of hair, dressed in a style much like the arrangement used by our own women. Many of them wear large round eye-glasses, which make them retain their youthful appearance and look as if they were school girls going to their class.

The question of the insignia to be worn by reserve members of the Army Nurse Corps, the cause of patient and prolonged discussion between the Surgeon General's office and the Red Cross, had first arisen in August, 1916, following the assignment of Red Cross nurses to United States base hospitals on the Mexican border. One year later, on August 27, 1917, the War Department made its first move toward the militarization of Red Cross nurses; Acting Surgeon General Birmingham then wrote to the Director General of Military Relief:

> In reply to your letter of August 18, relative to the wearing of the brassard by the reserve nurses, Army Nurse Corps, unless the use of the brassard by members of the regular Military Establishment is indicated, its use by members of the Reserve is not considered necessary. Also, the wisdom of wearing the brassard in Europe has been questioned on account of its conspicuousness.
>
> It is requested that hereafter the outdoor uniform of the reserve nurses, which is furnished by the Red Cross, be made to conform in all respects to that which has been approved by the Secretary of War for the Army Nurse Corps (diagram and information enclosed). Owing to the confusion which has been created in the minds of the nurses by the use of the Red Cross on the cap and cape, the authority given in letter

from this office dated August 18, 1916, for the use of this emblem on these articles is hereby revoked.

With this letter, specifications were sent for an outdoor uniform, Army Nurse Corps, consisting of blue serge norfolk coat and skirt. This uniform replaced the Red Cross serge dress and was to be worn by all Army nurses in foreign service. At the same time, the Surgeon General's office adopted a new white uniform of distinctive type, to be worn by nurses while on indoor duty in military hospitals in the United States and wherever practicable in foreign service; the use of the gray uniform was retained, however, for general ward duty overseas.

For nurses volunteering for foreign service, this ruling made necessary the purchase of entirely new indoor and outdoor uniforms. For the Red Cross Nursing Service, these regulations meant the banishment of the cap and cape, beloved symbols of an ideal of pure altruism. Following protracted conferences between the Red Cross and the Surgeon General's office, Colonel Birmingham wrote September 11, 1917, to the Director General of Military Relief: "Referring to letter from this office dated August 27, relative to the uniform of the reserve nurses, Army Nurse Corps, upon further consideration the use of the Red Cross cap is hereby authorized. The nurses may also continue to use the present cape, but without the Red Cross upon it."

Banishment of the well-loved Red Cross badge was confirmed on October 10, 1917, in a letter addressed by Miss Thompson to Miss Delano: "In regard to the ruling of the Red Cross pin, it was decided some time ago that the Red Cross on the cap was to be used to indicate that the wearer was an enrolled Red Cross nurse and that the pin was not to be worn with the uniforms."

Following the authorization of the new indoor and outdoor uniform for members of the Army Nurse Corps assigned to foreign service, the Red Cross felt even more strongly than they had at the time of the embarkation of the Red Cross base hospitals, that the Government should furnish uniforms and equipment for nurses assigned to military service. The Director General of Military Relief brought this question to the attention of the Surgeon General on August 30; he in turn referred it to the Secretary of War, but Mr. Baker did not share the opinion of the Red Cross. Colonel George E. Bushnell,

Acting Surgeon General, Medical Corps, wrote on September 26, 1917, to the Director General of Military Relief, National Headquarters:

> Relative to the clothing allowance for nurses ordered to Europe, this question was taken up with the Secretary of War and a letter sent from this office recommending an appropriation be made for this purpose.
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> The recommendation was returned disapproved, with the remark that it was not the policy of the War Department to make clothing allowance during war.
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> In view of the expense of this equipment, which in the opinion of this office is too heavy to be borne by the individual nurse, it is requested that the War Council of the American Red Cross make some provision for the nurses ordered to Europe.
>
> It is also requested that the allowance be made to members of the permament Corps as well as to the reserve nurses who may be ordered abroad for duty.

The War Council was at this time considering the equipment and uniforms of members of the Red Cross foreign commissions. On September 20 they had appropriated an allowance not to exceed two hundred dollars ($200) for each member of such units. Following the receipt of Colonel Bushnell's letter, they authorized the Nursing Service to recommend a list of equipment necessary for all nurses assigned to foreign service. Chosen with care and economy as befitted the expenditure of Red Cross funds, yet with full insight to future needs, and given with the same generosity of spirit which had led Miss Delano to buy and pack boxes of comfort for her "lambs" of the Mercy Ship, the list of articles as finally worked out by Miss Noyes comprised: hat; outdoor uniform; coat or heavy ulster; cape; gloves; shirtwaists, two, white; shirtwaists, colored flannel (two if suit is used); gray wash uniforms, four; aprons, six or eight; cuffs and collars, six sets; caps; sleeve links, 2 pairs; caducei, one set; U. S. letters, one set; black woolen tights, 2 pairs; steamer blanket, one; sleeping bag, one; sweater, gray, one; poncho, or rubber sheet, one; blanket roll, one; raincoat, one; rain hat, one; rubber boots, one pair; moccasins, one pair; shoes [27]; stockings [27]; heavy underwear [27]; pajamas.[27]

[27] Shoes, stockings, heavy underwear and pajamas were not in the first list of equipment furnished by the Red Cross without cost. These articles had to be supplied by the nurses themselves (A. R. C. 702, December 31, 1917). Later, however, they were all added (September 18, 1918).

The Bureau of Equipment at the Atlantic Division now settled down to the long pull ahead. Mrs. Thatcher had resigned in September, 1917, the chairmanship of the Uniform Committee. The efficiency of the organization of the bureau under Miss Van Blarcom and Mrs. Moody had relieved Mrs. Thatcher and Miss Brown, the two most active members of the committee, of the heavy responsibilities which they had bravely borne since May, 1917. Mrs. Thatcher wished to turn her enthusiasm and energy to more active expression than the chairmanship of an Advisory Committee on Uniforms permitted. Nurses will long remember with gratitude, however, her courteous, faithful assistance during the strenuous spring and summer when the base hospitals were embarking for France.

Miss Noyes wrote on October 16 to Mr. Harvey D. Gibson, by this time general manager at National Headquarters of the Red Cross,[28] requesting the first of the several extensive appropriations made from time to time by the War Council to sustain the Bureau of Equipment: "I should be grateful," she stated, "if the War Council would vote an appropriation sufficiently large to enable us to carry an adequate supply in our store-room, viz., five hundred sets at two hundred dollars a set. We find it exceedingly difficult to secure sleeping bags, steamer rugs, rubber boots and slickers on short notice. We now have four units waiting in New York for sleeping bags. All their other equipment was given by Local Chapters before they left home. To avoid such situations as this, it seems highly important that an adequate supply be kept on hand." The War Council appropriated on October 30, 1917, one hundred thousand dollars "for the purchase of equipment for Army and Navy nurses, it being understood that in the case of hospital units, etc., which would ordinarily be outfitted by Chapters, the amount so spent shall be collected from the Chapter wherever possible." This attempt to have the local Chapter include nurses' equipment in its appropriation for base hospitals was never satisfactorily worked out and was later completely given up.

In order that Red Cross public health nurses working in the sanitary zones which the United States Public Health Service had drawn about the cantonments, might be properly uniformed,

[28] The office of General Manager, National Headquarters, American Red Cross, was created by the War Council on July 11, 1917, and Mr. Harvey D. Gibson, late chairman of the Executive Committee of the New York County Chapter, was appointed to the position.

the War Council also appropriated funds to furnish uniforms and equipment to them. The following statement appears in the pamphlet, Information for Nurses Called Upon for Active Service (A. R. C. 702, December 31, 1917):

> Nurses assigned to sanitary zones under the Red Cross for public health or other forms of service will be provided, free of cost, with the following articles: one or more outdoor uniforms of dark blue serge; detached waist with high collar; one blue ulster; one cape, dark blue, lined with red, insignia on left side; one hat, dark blue velour; caps; three gray uniforms. These articles will be issued upon the arrival of the nurse at her destination.

When the Army was mobilizing its Psychiatric and Orthopedic Base Hospital Units, No. 117 and No. 114, Miss Thompson in a letter addressed on March 4, 1918, to Miss Delano, asked if the Red Cross would supply equipment to the civilian employees and the reconstruction aides of these units. National Headquarters ultimately shouldered the responsibility for equipping, through the Bureau of Nurses' Equipment in New York City, all nurses, dietitians, clerical workers and aides for all types of foreign service in the Army, the Navy and American Red Cross commissions.

On January 15, 1918, Caroline Van Blarcom, who had represented the Nursing Service at the Atlantic Division since the early summer of 1917, resigned and Florence Merriam Johnson was appointed as director of the Department of Nursing there. The Bureau of Nurses' Equipment was maintained as a branch office of National Headquarters, but Miss Johnson, representing Miss Delano and Miss Noyes, had general supervision of its activities.

Now in March, 1918, began that long procession of women, which day after day passed in ever-increasing numbers through the port of embarkation for Europe. Mrs. Moody described the expansion that had been going on of the Bureau of Equipment:

> In October, 1917, the Atlantic Division moved across the street from its former home and our new storeroom seemed enormous. Only too soon did we outgrow it and packing cases lined the corridors. The overseas units began mobilizing thick and fast and we found it necessary to secure more

trucks. The Peter Doelger Brewing Company came to our rescue and many were the smiles of amusement from bystanders when those bright yellow brewery wagons would begin to disgorge their Red Cross boxes.

It became necessary now to revise our previous method of issuing equipment, both because of the many articles and also because of the great numbers of personnel sailing each week.

When a base hospital or unit arrived in New York, Miss Johnson appointed a day when that group should report to her at the Atlantic Division headquarters. After her graphic and inspiring talk, the nurses came to the Bureau of Nurses' Equipment (we had moved to the New York Branch of National Headquarters at 222 Fourth Avenue and now had half an office floor, none too much space). Here cards were distributed to each nurse. On these cards were listed all the articles to be issued and the nurse, after filling in her name, unit and badge number, designated on the card the sizes of the garments which she needed. Perhaps here she first appreciated the hardships of war. She was destined to have her uniform hats tried on without being allowed even a peep at a mirror.

To every member of the group we gave an order for shoes and rubber boots and the next day the unit went *en masse* to the one tailor to be fitted for suits and coats, then to the other for gray service uniforms and raincoats and then on to the shoe-shop. When the necessary alterations had been completed, these boxes were picked up by our truck. It next collected holdalls, carefully packed at the Bureau of Equipment. These holdalls containing the rest of the nurse's articles, were tagged with her name. By this system both boxes and holdalls were delivered to the various hotels where nurses were staying.

So crowded did our quarters become that we found it necessary to have the units assemble for equipment at various halls loaned to us by different organizations in the vicinity of Madison Square. In the meantime, our stock had increased to carry numberless articles not included in the equipment issued, but which the nurses needed and which we sold to them at cost. All through that summer of 1918, the line of nurses waiting outside the Bureau of Equipment seemed endless, stretching from the elevators down the long hall to the counter of the storeroom, nurses, dozens, hundreds of them, dietitians, secretaries, reconstruction aides and other workers sent us by the Red Cross Bureau of Personnel. One of our workers, Mary M. Brown, established a charming custom of sending a box of flowers to each unit, so that every worker

> going overseas could have at least one blossom as a tiny personal message, a word of greeting and a Godspeed.

For nurses serving directly under Red Cross commissions to the Allied Powers, Miss Delano and Miss Noyes had adopted the same uniform as that of the Army and Navy Nurse Corps. Of the equipment of these nurses, Mrs. Moody wrote:

> Before they reported to the bureau for equipment, Miss Johnson saw individually every nurse sailing under the Red Cross flag. How interesting it all was for us when a unit was being sent to so romantic a country as Palestine or Porto Rico and how eagerly we revised and planned their equipment to meet these particular services!

A nurse on active duty with Red Cross foreign commissions wore upon her hat band, upon her shoulders and upon the lapels of her coat, the symbol of the organization. Without consultation with the Army Nurse Corps or with National Headquarters, the Red Cross Commission for France adopted in 1918, upon the authority of the Chief Surgeon, American Expeditionary Forces, a distinctive emblem made by placing an enameled Red Cross upon the caduceus of the Medical Corps. The bronze letters "U. S." were worn with this device and insured for the wearer recognition and protection in the foreign theaters of war where the American Armies were operating.

Previous to August, 1918, nurses serving in Army hospitals in the United States had been permitted to wear the uniform of their school, provided it was not extreme in cut, when on duty, but when off duty, they had worn civilian clothes. Following an increase of salary for the members of the Army and Navy Nurse Corps from fifty dollars ($50) to sixty dollars ($60) a month for domestic service and from sixty dollars ($60) to seventy dollars ($70) for overseas duty, the Surgeon General authorized that all members of the Army Nurse Corps should wear the outdoor uniform. On July 23, 1918, Colonel Winford H. Smith transmitted to the general manager of the American Red Cross, for the attention of the Nursing Service, the following regulations issued by the Surgeon General, regarding uniforms:

> Nurses who enter the service at this time are permitted to wear such white uniforms as they may have, provided that they are not extreme in any way. When it is necessary to

replace these uniforms, they must then be obtained in accordance with specifications, with this exception: The uniforms of all reserve nurses must conform in all respects to that of the Army Nurse Corps.

The use of the outdoor uniform is considered advisable and it is further directed that all members of the Army Nurse Corps, including the reserve nurses, purchase the suit, hat and necessary waists within three months after they enter the service. This uniform will be worn at all times when not on duty.

The overcoat should be purchased if and when the weather requires its use.

On August 15, 1918, the following ruling was sent by the Surgeon General of the Army to the commanding officers of all military hospitals in the United States:

1. I am directed by the Surgeon General to inclose herewith specifications, cap pattern and other data concerning the indoor and outdoor uniform of the Army Nurse Corps. Nurses who enter the service at this time may be permitted to wear such white uniforms as they may have, for a period of six months after their entry into the service, provided they are not extreme in any way. When it is necessary to replace these uniforms, those made according to specifications must then be obtained. With this exception, the uniforms of all nurses, *including the cap,* must conform in all respects to that of the Army Nurse Corps.

As the use of the outdoor uniform is considered advisable at this time, it is further directed that all members of the Army Nurse Corps now in the service, purchase the suit, hat and necessary waists within three months, and all those who enter the service hereafter purchase these garments within three months after their entry into the service. Before ordering these garments, however, those nurses who are physically or otherwise unfit for the service should be informed to that effect in order to avoid placing them under any unnecessary expense in the purchase of these garments. This uniform is to be worn at all times when not on duty in the hospital. The overcoat should be purchased if the weather requires its use.

2. The American Red Cross will omit from the equipment of nurses ordered overseas the above mentioned articles, but will continue to issue to these nurses exceptional equipment. Four months, however, will be allowed for adjustment. The Red Cross has also signified its willingness to issue to all members of the Army Nurse Corps on duty at home or abroad

> a dark blue cape lined with red, the use of which is hereby authorized. The insignia of the Army Nurse Corps and the letters "U. S." may be worn on the collar of the cape. The chief nurse should notify the director of Nursing Service, Atlantic Division, 44 East 23d Street, New York, in regard to the number of capes needed by the nurses at the hospital from time to time, giving their names. If sweaters are required for additional warmth, gray ones should be obtained.

Several months before, when the question of the Red Cross cape had been under lively discussion, the Surgeon General's office had contended that this garment when worn by reserve nurses of the Army Nurse Corps tended to differentiate them from the Regulars and thus to break down the *esprit de corps* of that body. When National Headquarters offered to furnish the cape, without the Red Cross upon the left side, to all members of the Army Nurse Corps, its offer was immediately accepted and the traditional blue garment with its scarlet lining was issued to all nurses assigned to foreign and home service.

The ruling of August 15, 1918, which removed the Red Cross from the reserve nurse's cap, was made in the interest of discipline, but evoked regret among the nurses. The following letter is typical of many received at Red Cross Headquarters:

> I am so glad we are to wear outdoor uniforms. We've always hoped that it would be so, but we who came into the service through the Red Cross are disappointed and hurt to be deprived of all possible sign of the fact. It is not that we have any objection to the new cap; it is nice and neither gives nor takes anything from us as nurses. It is simply that we loved to be known as Red Cross nurses. We volunteered for that organization and would have liked to retain something to show our association with it.

A question of international Red Cross policy presented itself in reference to the habit and insignia of Catholic Sisterhoods. One of the specific duties of the National and Local Committees on Red Cross Nursing Service, was "to keep on file lists of Sisterhoods and other orders and women volunteers, available for Red Cross relief work involving the care of the sick and wounded, either in time of war or calamity."

During the summer of 1918, the Red Cross was especially anxious to utilize the services of Sisters of Charity, who had always held an honored place in military nursing. They, too,

earnestly desired to serve. Miss Delano wrote on June 10 to Miss Thompson stating that some time before, she had secured a list of the Catholic Sisterhoods in the United States, but had never written to them asking for the probable number available for service in time of need. "I shall be very glad," concluded Miss Delano, "if you will tell me if you think it desirable for me to send out a letter requesting this information." Miss Thompson replied on June 18:

> Relative to the use of Roman Catholic Sisters in Army hospitals, I have referred this matter to Colonel Smith of the Hospital Division with the result it is believed advisable to place on file the resources of the Sisterhoods of the country, provided they are graduate nurses and eligible for enrollment. Should it be necessary to use these Sisters, your office will be so informed at once.
>
> It is believed there might be some trouble in regard to accommodations for the Sisters. Many of the nurses are obliged to live in dormitories. Furthermore, in many hospitals, the nurses are obliged to wear a large white apron over their uniform, as well as a mask over their faces. This would be difficult for the Sisters. They are obliged in all cases, I understand, to wear the habit of their order.

After some slight misunderstanding, Colonel Smith wrote on July 3, 1918, to Miss Delano that "indeed there is every reason why enrollment should be made of all such nursing Sisters who are graduate nurses. It should be understood, however," he added, "that if ordered to active duty, they will come in on exactly the same terms and under the same regulations as to conduct, uniform regulations, etc., as all other members of the Army Nurse Corps."

The matter stood thus until the mobilization of Base Hospital No. 102 which had among its nurses ten Daughters of Charity. A special ruling was then made which permitted these Sisters to wear the garb of their order but the Surgeon General's office again stated that if members of the Catholic Sisterhoods were assigned in the future to the Army Nurse Corps, it would be with the understanding that they wear the regulation uniform of that Corps.[29]

This decision promised to inundate Red Cross Headquarters

[29] See inter-office letter written July 9, 1918, by Miss Delano to Miss Kerr, director of the Bureau of Enrollment.

with criticism from the Catholic Press similar to that of 1917, before Sisterhoods clearly understood that the Surgeon General's office and not the Red Cross Nursing Service was debarring them from active duty. Colonel Smith, however, wrote Miss Delano on August 3, 1918:

> Referring to your recent letter relative to the admission of Catholic Sisters to the Army Nurse Corps, I am directed by the Surgeon General to inform you that a recommendation has been made to the Secretary of War to the effect that should the Sisters be admitted to the Corps, as graduate nurses, they must, when on duty in the wards, wear the uniform of the Corps, with the exception of the head covering, which may be a modification of the nurse's cap which will satisfactorily meet the situation.
>
> It is further recommended that, when on the street, they be permitted to wear the habit of their order. Until a reply has been received from the War Department, a definite decision cannot be recommended. You will, however, be advised as soon as the reply has been received

Service in the Army Nurse Corps was made possible for the Sisterhoods on September 10, 1918, in the following order transmitted by Colonel Smith to Miss Delano:

> Your attention is invited to the recent decision of the Adjutant General as quoted below.
>
> 1. Orders are being issued directing that Army Nurses who are members of Catholic orders, whose vows require the wearing of a distinctive garb, are authorized to wear the garb of their order while traveling on land in this country without troops and while traveling on transports.
>
> 2. You will prescribe a suitable device to be worn with this religious garb, which will clearly mark the wearer as a member of the Army Nurse Corps.
>
> 3. You will also prescribe a cap to cover the entire head which shall be worn by them while on duty.
>
> The device referred to in paragraph 2 will be the regular insignia of the Army Nurse Corps: the letters U.S. and the badge or caduceus with the gilt letters "A.N.C." superimposed. This insignia will be worn on the Sisterhood garb at such times when it is approved that they be worn. The Superintendent of the Army Nurse Corps will prescribe the cap to be worn.
>
> By direction of the Surgeon General.

On August 1, 1918, the Surgeon General of the Army requested the American Red Cross to make preparations through its New York Bureau of Equipment to fit out completely one thousand nurses a week for overseas duty. The staff of the Bureau of Nurses' Equipment then numbered twenty-two persons. "Mrs. Moody and all her assistants," wrote Miss Johnson to Miss Noyes on August 8, "are as anxious as we are to have the nurses ready, even though the Army may not be able to send them over as rapidly as we can equip them." Men and women who were doing war work in Washington and in New York during the oppressive heat of August and September, 1918, will appreciate in part the intense strain under which all branches of the Government were laboring.

While the New York Bureau was struggling with the problem of equipment, the Chief Surgeon of the American Expeditionary Forces notified the American Red Cross Commission in Paris that the Nurses' Equipment Shop there would probably be called upon during the early autumn to replenish at cost worn-out articles of clothing for ten thousand nurses and to furnish extraordinary equipment for nurses assigned to the zone of advance, especially those of forty mobile hospitals.

The early base hospital units assigned to the British forces had sailed before the American Red Cross made its generous appropriation for equipping nurses. The London Chapter had sent them gray uniforms, aprons, boots, rain hats, rubber sheets, woolen knickerbockers and other necessities. Great need existed, however, in France for some central agency through which inequalities in the initial supply of and replenishment of worn-out articles could be adjusted.

Through the efforts of Martha M. Russell, first chief nurse of the American Red Cross Commission to France, more adequate winter clothing and shoes had been forwarded to nurses in bases of the British and American forces during that first bleak winter of active service. But the Red Cross had never undertaken to reëquip nurses free of charge, nor was it then doing so. In a letter written November 16, 1917, to Miss Russell, Miss Noyes stated that the Red Cross "could hardly undertake the replacement of worn-out articles in any wholesale way. As nurses are on a salary," she pointed out, "there would seem to be no reason why they should not provide such additional articles as are required in the same way that they would do were they in this country."

An interesting comment on the equipment question was contained in a letter written June 13, 1918, by Miss Russell to Miss Delano:

> The equipment now given the nurses is generous and suitable. I think there is some feeling among the nurses that they should be clothed all the time that they are in the service and I think that Major Perkins thought I was a stingy person because I stood by the statement we had when I first went to France, that the Red Cross furnished initial equipment and then the nurse attended to her own needs afterwards. I believe that there is a certain pauperizing effect in giving equipment. The British give each nurse a sum of money and require her to present herself with the regulation outfit for inspection. Now our way results in greater uniformity, but I have heard so much complaint that I would like to see each nurse made to feel more personal responsibility about her equipment.
>
> As to salaries, in the general emotional upset due to war conditions, it is highly difficult to adjust money matters. The service the nurses can render is priceless; yet I believe that every one who goes into the service really believes in her heart, as one of them said to a man who asked her if she was to get a bigger salary than she had been receiving in civilian work: "It is my privilege to serve my country and the allowance is sufficient for all my needs." I really believe that the nurses' pay of sixty dollars a month and maintenance is not so great a reduction in income for the private duty nurse, if taken in the average, unless of course she is depending on "gifts" as too many do. For a school nurse there must be a decided advantage in the sixty dollars salary and five hundred francs maintenance. However, the nurses complain now and then to the men in Paris, men whose wealth makes them think the sixty dollars is barely enough for an evening's entertainment, and they pity the nurses and encourage them to ask for further gifts in the way of equipment. . . .
>
> If the Red Cross could make possible a systematic, intelligent development of *esprit de corps* in the American military nursing service, it would be a far greater gift to the nurses themselves and to the profession than any amount of fur trench coats and pianos for recreation houses. . . .

Early in the spring of 1918, the Red Cross Commission for France felt that the establishment of an equipment center in Paris where nurses could secure articles of clothing and equipment to replenish worn-out ones at cost, or nearly cost, would

be a great convenience. The War Department and National Headquarters concurred in this opinion and a Nurses' Equipment Shop was developed and maintained at the Paris Headquarters, under the chief nurse of the American Red Cross in France. A report of these activities will be found in a subsequent chapter.

The first definite movement of the Government to furnish equipment for Army nurses was made in August, 1918. General Pershing then cabled to the War Department, requesting that forty-three thousand pairs of shoes, rubbers, raincoats, summer underwear, norfolk jacket suits in regulation sizes, coats, hats, etc., should be sent to France at Government expense, a request which argued towards the possibility that the American Expeditionary Forces contemplated the establishment under their own direction of a department for the replenishment of nurses' equipment and uniforms.

At the crisis of the nursing situation, when the War Department was calling for fifty thousand graduate and student nurses by July, 1919, Colonel Winford Smith, Medical Corps, took up again in a letter written November 6, 1918, to the General Manager of the American Red Cross, the old question as to whether the Red Cross or the Army should pay for nurses' equipment:

> I am directed by the Surgeon General to acknowledge the receipt of a recent letter from the general manager of the Red Cross, stating that inasmuch as the War Council of the Red Cross understands that the Government is to provide for the equipment of nurses for overseas service, the Red Cross is preparing to disband its organization which has had this phase of work in hand.
>
> The Surgeon General has again requested that the Government equip the nurses, but at this writing we have no assurance that favorable action will be taken on this request.
>
> Inasmuch as we believe that it would seriously interfere with the recruiting of nurses who are so urgently needed, if the Red Cross stops issuing equipment and the Government fails to provide for it, it is hoped that until definite arrangements have been made by the Government, the Red Cross will feel like continuing its custom of equipping the nurses as heretofore.

General Peyton C. March, Chief of Staff, issued on December 17, 1918, General Orders No. 86, as follows:

In order to enable them immediately to comply with regulations requiring the wearing of uniforms, a single initial uniform outfit is hereby authorized for issue to members of the Army Nurse Corps upon their first entry into the service, as follows: One navy blue norfolk suit; one navy blue overcoat; one navy blue flannel waist; one navy blue velour hat for winter; one navy blue straw hat for summer; two sets insignia, United States; two pairs insignia, badge of Corps.

When members of the Army Nurse Corps are ordered to duty overseas with the American Expeditionary Forces, the following articles will be issued to them: six gray cotton uniforms; one gray woolen sweater; one gray woolen muffler; one raincoat; one blanket for use on transport; one sleeping bag; one steamer trunk.

2. Nurses who have been enrolled for service during the existing emergency and who have not been supplied with uniform outfits by the American Red Cross without cost to themselves, will be entitled to the issue herein authorized. The Quartermaster General will supply the necessary articles of uniform for issue and sale at cost price, when issue is not authorized. The details of material, make and design will conform to the specifications prescribed by the Surgeon General and no change therein will be made without his authority.

By order of the Secretary of War.

The American Red Cross at its New York Bureau Nurses' Equipment equipped between April 7, 1917, and December 31, 1918, the following personnel for overseas duty:

ARMY

10,519	Nurses at an average of $180 each	$1,893,420.00
266	Civilian employees at an average of $180 each	47,880.00
134	Dietitians at an average of $180 each	24,120.00
365	Reconstruction aides, at an average of $180 each	65,700.00
		$2,031,120.00

NAVY [30]

334	Nurses at $180 each	$60,120.00

[30] These figures are included here to give an idea of the proportion of service rendered by the Red Cross to the Army in comparison to that given to the Navy and to Red Cross foreign commissions, also to give in one table a complete summary of the activities of the Bureau of Nurses' Equipment.

RED CROSS (Foreign Activities)

573	Nurses at $180 each.....	$103,140.00
351	Nurses' aides at $100 each.....	35,100.00
4	Dietitians at $180 each.....	720.00
		$2,230,200.00 [31]

Of the equipment, Miss Noyes wrote in her request to the War Council for an appropriation to cover these expenditures:

> A maximum amount allowed for equipment was $200 per individual, but only in a few instances was this amount given, while in many other instances it fell below the $180. The average cost per nurse for the equipment was $180 each.
>
> The equipment for the nurses' aides was approximated at $100 each. Some of them were given entire equipment, others partial, while in a great many instances the equipment was provided by the nurses' aide.
>
> These figures do not include the equipment issued to the nurses in home service, which consisted of the cape; neither does it include the equipment issued to the nurses in the sanitary zones, as this is provided from a separate appropriation. The approximate amount of money spent for capes at the present time was $280,000.[31]

The Red Cross appropriated more than three million dollars for equipment for nurses, nurses' aides and dietitians. The estimates which Miss Noyes gave above were based upon the ratio of $180.00 for each nurse. Equipment required for some nurses exceeded this amount and required the expenditure of $200, the maximum which the War Council allowed for an individual. Prices of materials and labor varied from time to time and these conditions caused equipment to exceed three million dollars.[32]

Clara D. Noyes, Caroline Van Blarcom, Florence Johnson, Sophie Kiel, Mary Magoun Brown and Maude G. Moody stand out preëminently among the group of Red Cross women whose interest and tireless effort made smooth the embarkation of those thousands of overseas workers. Sophie Kiel (St. Luke's Hospital, N. Y. City) was Miss Van Blarcom's and Miss Johnson's assistant in the Atlantic Division. Following her

[31] See American Red Cross War Council Request for Appropriation No. 998, February 14, 1919.

[32] "The Work of the American Red Cross during the War," p. 33.

return from Khoi, Persia, in 1916, she organized one of the Red Cross detachments for the Navy. Though her status continued as that of a Navy chief nurse, the superintendent of the Navy Nurse Corps released her from active service to assist in the Atlantic Division until August 22, 1918, when she was assigned by Mrs. Higbee to the U. S. Army Transport *George Washington.*

The attitude of mind which characterized the Red Cross executives and their assistants who handled the often vexatious details of equipment was described by Miss Brown, herself a member of Miss Johnson's staff. "As I recall those busy days," she wrote, "one outstanding point remains freshly in my memory. Miss Johnson and her associates drew so much vivid interest and enthusiasm from the new groups of nurses coming from all parts of the country, all fired by the same ideals of service, that they themselves seemed forever unmindful of personal fatigue and genuine labor and inconvenience." Mrs. Moody wrote, "Armistice Day found the Bureau of Equipment with an organization of thirty more than willing workers, a staff which knew no hours of service,—its inspiration gained from that long line of nurses who, with never a thought of self, just marking time until their actual work overseas might begin, had come and gone before us."

National Headquarters provided other comforts for the welfare of American nurses in Army service overseas and mention of them may be included in this chapter. The Minutes of the War Council, which record all appropriations made from the Red Cross coffers, briefly mention two other items. On March 19, 1917, $77,500 was appropriated, "of which so much as may be necessary shall be expended for the purchase of 'safety suits' for the use of nurses and members of hospital staffs, with the understanding that should the War Department wish to reimburse the Red Cross for these suits, it should be permitted to do so." [33] The high seas were alive with U-boats. In addition to keeping a person afloat for an indefinite time, these particular safety suits afforded protection from exposure, "a cause of many of the deaths," stated this minute of the War Council, "following the sinking of ships."

Before the declaration of war on Germany by the United States, the War Department had allowed forty cents per day for food for Army nurses and patients. This allowance could

[33] Minutes of the War Council, Vol. III, pages 787-789.

not be changed without Congressional action. The Surgeon General accordingly asked the Red Cross to assume the responsibility of providing the difference between the legal allowance and seventy-five cents, which was conceded to be a proper amount of subsistence. For a period of eleven months, these thirty-five pennies given daily for food for every Army nurse and every sick or wounded soldier in Europe amounted to well over $185,007. "Colonel Ireland," recorded the Minutes of the War Council for May 18, 1918, "stated that ample provision has now been made by the Government for the sick in hospitals and for the members of the Army Nurse Corps."

The Red Cross furnished laundry allowance for nurses serving on the Mexican border, but did not make similar provision for nurses on duty during the European War in the cantonments or on foreign assignments because of the vast amount of clerical detail that would have been required.

Whatever the American Red Cross did for the war nurse, were she of the Army or Navy, the U. S. Public Health Service or the Red Cross, was given back indirectly in service by her to the American soldier. His comfort, often his very life, depended upon that gray-uniformed nurse who from time to time accommodated her own personality to the needs of her patients; she was sometimes cheerfully frivolous; she was sometimes seemingly callous and unsympathetic; she was sometimes the very reincarnation of that woman who sixty years ago walked, lamp in hand, among the wounded at Scutari. That nurses themselves were grateful for the gifts which American generosity enabled the Red Cross to make them, is shown in this one letter chosen from among many of similar content:

American Expeditionary Forces,
France, September 27, 1918.

Everywhere we look, everywhere we go, there arise evidences of your consideration and love. The wardrobes you gave us best manifest this.

It is hard to determine which of the articles you chose are the most useful and attractive. When we notice how the peasant women eye us, we think it is our smart jackets and skirts. When the weather gets cold and our ulsters fit snugly about our throats, we are sure we need these great coats more than anything else. When it rains the next day, we exclaim, "My, wasn't it lucky for us that the Red Cross gave us boots.

slickers and raincoats!" When we crawl into bed at night with hands and feet numb with cold, we bless you for giving us warm pajamas and sleeping bags. But when the gray morning comes all too soon, then our wool underwear certainly feels best of all!

Many times when I have been lonely, heart-sick, soul-weary, the sight of my equipment and the thought of why it was given to me has brought me new courage, has made me into a better soldier.

CHAPTER VII

THE EUROPEAN WAR

Cantonments of the New Armies—Embarkation—With the American Expeditionary Forces in Great Britain—With the American Expeditionary Forces in France—The Zone of the Base, A. E. F. in France—The American Red Cross Commission for France—Nurses' Equipment Shop, Paris—With the French Service de Santé—Emergency Hospitalization, A. E. F. in France—The Zone of the Advance, A. E. F. in France—With the A. E. F. in Italy—With the A. E. F. in North Russia

THE United States entered the European War on April 6, 1917. Twenty days later the American Nurses' Association met for its Twentieth Annual Convention in Philadelphia, with a record attendance. The Red Cross session was held on Monday evening, April 30, in the Academy of Music. Every one of the 3000 seats was filled and all available standing room occupied. In the red, white and blue of the Red Cross uniform, nurses sitting in the orchestra, the balcony and the galleries formed line upon line of color, splendidly vivid against the somber-hued furnishings of the auditorium. Their faces under the winged Red Cross cap were tense and expectant. Realization of the responsibilities soon to be placed upon them hushed the idle conversation which usually runs lightly through an audience before the program begins. On that night, the very air seemed charged with patriotic ardor.

Miss Noyes, Dr. Warren P. Wilson, of Columbia University, and Eliot Wadsworth, acting chairman of the Red Cross Central Committee, were the speakers of the evening. Miss Delano presided. Her introduction of Miss Noyes was prefaced in part by the following words:

> It is eight years ago this month since I stood before the American Nurses' Association and begged of them to ratify the affiliation which the Red Cross had offered to us and to

> pledge themselves to the organization of a Nursing Service which I believed we should organize for the benefit of our country. At that time, so far as I know, all the nations of the earth were at peace. We began this work with no thought that within a comparatively short period, eight years, we should be called upon to meet the needs and service of the greatest and most horrible war that the world has ever known.[1]

After giving an outline of the development of war nursing, Miss Noyes voiced the responsibility confronting the American nursing profession:

> As I stand facing you to-night, sister nurses, under the shadow of war, we know not what we as nurses shall be called upon to do. We know, however, that our Red Cross Nursing Service exists but for one purpose,—the reserve of the Army and Navy Nurse Corps in time of war. You may be called upon to give fully, to make great personal sacrifices, but we know you are prepared, we know that you are ready, we know that we can depend upon you to carry the spirit of Red Cross service, as well as its banner, wherever our Army and Navy may be sent, whether to the Pacific or Atlantic coasts, to the cantonments, to the frontiers of France or Russia, or to far-distant Mesopotamia. It must be written upon the pages of history for all time that our Red Cross nurses were prepared, that in this war our soldiers at least were not neglected and that they were properly nursed.[2]

Following an address by Dr. Wilson on Rural Nursing, Eliot Wadsworth, acting chairman of the Red Cross Central Committee, spoke in part, as follows:

> In these days of alarm and excitement, when the whole country is thinking of war and when at every cross-road and in every railroad train the people are debating as to the extent to which the country is prepared . . . I have come here really to say a word of appreciation for what the nurses have done by their systematic organization, and what they will be called upon to do, now that the need has arisen. The Red Cross has enrolled for service more than 8000 nurses whose qualifications are known, who have taken all the steps required by the Army Medical Corps to permit their immediate enlistment in

[1] 23rd Annual Report, National League of Nursing Education, 1917, p. 223.

[2] *Ibid.*

> this service. . . . And as a result, the Red Cross Nursing Service is ready at this hour, more ready than perhaps any branch, official or unofficial, of the United States.[3]

As Mr. Wadsworth concluded, the vast body of American women rose as one and pledged themselves "to give our best service to the nation wherever called upon to render it, either in home or foreign field, in the daily routine of civil or military hospital, or in the equally great effort to conserve, protect and strengthen the health and endurance of the civilian population, the men, women and children at home in our land."

Even then, the call to the colors had sounded. Orders for the immediate mobilization of six Red Cross base hospitals for duty with the British Expeditionary Forces had been sent the day before, April 29, by the Surgeon General. One after the other, these and other Red Cross sanitary units were assigned to active foreign service, while at home the building of future American Armies, of which nurses were to form a vital part, began.

History was swift in the making during that memorable spring and summer of 1917. Congress in special session passed the Selective Service Law on May 19 and the first registration on June 5 brought thousands of recruits to the cantonments of the new Armies. The building of sixteen camps for the National Guard and sixteen cantonments for the National Army had been authorized in May; the last site for these temporary gray cities was secured on July 6. Accommodations were ready on September 4 for 430,000 men. This capacity was shortly increased to provide for the care of 770,000 men, an average capacity per cantonment of 48,000. Divisions of the Regular Army were trained both in camps and cantonments and at various Army posts. Training schools for the Artillery, Aviation, Engineer, Tank and Quartermaster Corps and for Chemical Warfare were established, with proving grounds and testing fields. Embarkation camps were built at New York and Newport News and afforded housing accommodations for more than 300,000 men.[4]

Each of the thirty-two camps and cantonments included as part of its organization the development and maintenance of a

[3] *American Journal of Nursing*, Vol. XVII, pp. 1153-57, September, 1917.

[4] "The War with Germany, A Statistical Summary," Leonard P. Ayres, Colonel, General Staff, U. S. Army, pp. 17-29. Government Printing Office, Washington, D. C., 1919.

hospital of one thousand beds. The nurses of these hospitals were secured largely from Red Cross emergency detachments. In a letter written September 22, 1917, to all Local Committees on Red Cross Nursing Service, Miss Noyes stated that "we are being asked for many hundreds of nurses for cantonment duty. . . . Will you not 'round up' as many as possible for this work? The physical examination of each nurse will, of course, have to be on file in this office before she can be assigned to duty, but it will not be necessary for her to complete immunity treatment."

The Surgeon General also asked the Nursing Service to nominate chief nurses for several of the cantonment hospitals. Susan Hearle, Alice Beatle, of the Mercy Ship Relief Expedition, Mary Roberts, Estelle Campbell and Sophia Rutley were appointed. "Each chief nurse," wrote Miss Noyes in the Red Cross columns of the *Journal of Nursing* for November, 1917, "has been asked to organize groups of nurses as a nucleus for her personnel, but should she not be able to secure the required number by the time the cantonment hospital is ready for occupancy, it is expected to fill the deficit from emergency detachments."

As rapidly as barracks could be erected in the cantonments, they were filled with recruits from the Selective Draft. Base hospital construction, including the erection of nurses' quarters, was deferred until after the barracks were completed. The need for medical and nursing service increased, however, with each new assignment of men to the cantonments. Immediately upon their arrival, the "rookies" were inoculated for various contagious diseases and many of them became ill. Others, long accustomed to more sedentary and luxurious habits of living and to food different from Army rations, were slow to become acclimated to the rigors of military life and so fell an easy prey to disease. Thus came about the acute need for nurses in the camps and cantonments, which Miss Noyes set forth in a letter written October 30 to all Local Committees on Red Cross Nursing Service:

> We have just received a definite call from the War Department for nearly 700 nurses for immediate cantonment service. The National Committee feels very strongly that this serious need should be brought very forcibly to the attention of individual members of the Red Cross Nursing Service. It is far from patriotic, far from the purpose of the Red Cross to

have nurses continue to refuse home service where the need is urgent, in favor of foreign assignment, where the demand is not so great. Nurses whom the committees consider available for cantonments and who continue to refuse service should be reported at once to National Headquarters.

The need is indeed pressing. There are from 600 to 800 desperately ill men in several of these hospitals, with an average of ten nurses on duty.

Nurses themselves held back from volunteering for cantonment service because they felt that foreign service would be more attractive, more interesting. In the January, 1918, issue of the *American Journal of Nursing,* Miss Palmer, the editor, soundly rated the nursing profession in an editorial bearing the title: "Are we slackers?"

Appeals are being made constantly from Red Cross Headquarters for the enrollment of nurses for home service. The situation is rendered difficult for the reason that nurses who are enrolled in base hospitals are being held back to some extent for foreign service, while many others are failing to respond because they are hoping for a chance to go abroad and desire to do that rather than volunteer for service in the cantonments in their own country.

The waiving of one of the requirements for enrollment in the Red Cross, that of membership in the American Nurses' Association, will make large numbers of nurses eligible who have been debarred up to this time. We wish to call the attention of our readers again to Miss Delano's report in the last issue of the *Journal,* which showed that during the war period the age limit is abolished so that older women who are in vigorous health may be enrolled for home service. It is going to be possible, also, for nurses from the smaller hospitals to be recognized under certain conditions.

One reason given by nurses of all ages for not enrolling is that their families object to their serving. We want to say that if any woman is old enough to be out in the world supporting herself and perhaps helping her family, she is old enough to decide such questions for herself.

Returns which are coming in from the survey of nursing resources being made throughout the country show that a comparatively small proportion of the registered nurses, in the twenty states that have reported, are enrolled with the Red Cross. The percentages vary from one and three-fourths, which is the lowest received, through seven and eight, which

are the most common, to thirty-two and forty-one, the last being to the credit of the District of Columbia.

Do not let it go down in history that when the young men of our country were called into service in defense of the democracy of the world, the nurses held back, because of financial reasons, or because they shrink from the hardships of war service.

Among letters of sharp criticism which came to National Headquarters was one which had been written by a registered nurse fifty-eight years old. After roundly upbraiding younger nurses who refrained from offering their services, she asked for assignment in the Army Nurse Corps. In replying to her on February 28, 1918, Miss Delano gave the following reasons for the existing shortage of nurses:

In the first place, camps were erected before the hospitals were built and I believe the hospitals took precedence over the nurses' quarters. Bringing hundreds of thousands of young men together in camp life made it possible for an epidemic of contagious diseases to develop, which came on in a great flood before adequate preparations had been made for their care.

In some cases, quarters for nurses were not available. In other instances, there was temporary difficulty in securing an adequate number of nurses to meet an emergency. This was due to various causes, chief among them, I believe, being the fact that we had several hundred nurses mobilized and waiting for service. This fact was generally known throughout the country. It was, therefore, difficult to convince nurses at large of the extreme need when they knew that at the same time we had several hundred nurses mobilized at Ellis Island who were not called upon for cantonment duty. It was difficult to explain to nurses at large that these groups at Ellis Island might receive sailing orders at any moment.

We have met all the demands of the Navy and the U. S. Public Health Service and, I believe, are meeting satisfactorily today the needs of the Army. This is, I think, proven by the fact that we are enrolling over a thousand nurses a month and are sending large numbers into immediate service, both at home and overseas.

I agree with you, however, that if we as a profession are to meet the obligations that this war has thrust upon us, the rank and file of the nursing profession must realize that nothing is more important than the care of our soldiers here in our own country.

After the adoption of the ruling that nurses should be "sent to cantonment hospitals in this country to determine their professional and physical fitness for overseas service," many nurses from the staffs of base hospital units were assigned to cantonment duty. But the need for nurses in this branch of the service still continued. On May 16, 1918, Miss Thompson wrote Miss Noyes that "in view of the fact that 550 'casuals' are to be rushed to Europe in addition to the base hospitals now awaiting transportation in New York, the cantonments will be in urgent need of nurses, I fear, in a short time. . . . Therefore, will you not do all within your power," she concluded, "to nominate as many nurses as possible for immediate duty? One thousand could be placed today without difficulty."

Cantonment service was full of the hubbub, the change, the excitement of armies in the making. Emergencies made up the very fabric of the nurses' crowded days. Rachel Golzar, Reserve Nurse, A. N. C., wrote from Camp McClellan, Anniston, Alabama:

> A few months ago, this region was a stretch of wilderness. The first division of men worked this place through to what it is at present. The hospital is perched on a hill-top and below the hill are the drill grounds and tents. The camp ground occupies some seventeen thousand acres. The base hospital, extending over sixty-two acres, has at present thirty-two wards; more are in process of construction. Surgical wards, a medical and dental department, X-ray room, nose, ear and throat section, eye clinic, contagious and tuberculosis divisions; one ward for mental cases and one ward for sick officers, comprise our line-up. Each ward is a barracks by itself. We have now between six hundred and seven hundred patients and a wide variety of cases, perhaps more than in any large hospital of a city.
>
> When we seven arrived, we found ourselves the first group of nurses that ever trotted these grounds. We were not expected so soon nor was anything ready for us. No department store in New York, however, delivered things more rapidly than the Quartermaster Corps brought us beds, furnishings and other comforts.
>
> In our wooden barracks, acrid with the pungent odor of raw pine, our rooms already have dressers and little rugs. Small rockers, shades and scrim curtains have arrived. We expect our own cook and two maids later to attend to the nurses' home.

The American Journal of Nursing published in May, 1918, a special Military Number, which was made up of articles which had been written by nurses in various types of war nursing and which described their personal experiences. As Miss Delano took a large part in securing these articles, extracts from them are quoted as primary sources in this history.

Of the cantonment near Boston, at Ayer, Massachusetts, Jane G. Molloy (City and County Hospital, San Francisco) wrote:

> Camp Devens, named after General Devens of Civil War fame, is in the Northeast Division. Its development, spread over ten thousand acres, is a feat of engineering. Twenty miles of road were laid; four hundred miles of electric wiring were done; sixty miles of heating pipes were connected, all in less time than is ordinarily taken to erect our municipal buildings.
>
> It is a small world that you must see for yourself. The hospital itself is a little town. Its corridors measure three and one-half miles. They are enclosed and each is named as are streets in a well laid out village, each ward numbered as are houses in a city block.

Patients who filled the wards of cantonment base hospitals during 1917 and during the spring and summer of 1918 were generally medical and contagious and accident cases. Soldiers wounded in active service in France had not yet begun to come back to the United States. However, the nurses who were assigned to cantonment duty worked very hard, especially during the epidemic of contagious diseases to which Miss Delano referred in the letter of February 28, 1918, quoted above. The virulence of this epidemic and the need which it caused for expert nursing service was described by Eleanor Hall, Army Nurse Corps, in a letter written from Camp Taylor, Louisville, Kentucky:

> On April 1, 1918, I was assigned to day duty on "7C," a pneumonia ward. We seem to work in a treadmill here; we rush from morning till night and yet, in spite of all we can do, the boys get sicker and sicker and we have had several deaths. The other day we lost one, measles, bronchial pneumonia and meningitis. It seemed as if his head was filled with pus which oozed from his eyes, his ears, his nose and mouth. . . . When one gets measles here, it is serious, for the infection which causes measles also causes abscessed eyes, ears, throat infections, and then it goes to the lungs and we have pneu-

monia, bronchitis, erysipelas (there are four cases in the ward now) and pleurisy. Between the last day of health till the first day of "at the point of death" is sometimes only thirty-six or forty-eight hours.

Ethel Haigitt (St. Michael's Hospital, Toronto, Canada), reserve nurse, wrote in the Military Number of the *Journal* of her work at Fort Riley, a Regular Army Post, near Junction City, Kansas:

> They were very busy on the wards, so we were asked to be ready for duty by nine o'clock. The large gray stone buildings, which had been previously used as barracks, band quarters, prison, mess hall, etc., were fast being cleaned, painted and remodeled; also a very good plumbing system was being put in. As we walked along Cavalry Drive with the chief nurse, she requested us to wait for her while she took one of our number into one of these buildings known as sections, where she assigned her to duty. So we passed on until it came my turn and I was ushered into a section marked "C," "Isolation," "Measles."
>
> Here I found two nurses and a head nurse, but the one whose place I was taking was to go on night duty. This section, though full of patients, probably 140, had only had nurses there for about two weeks; there were none to put there before. Here, as in other sections, the carpenters and plumbers were at work.
>
> As you may judge, we were very short of nurses through all the Fort. We decided to put all the sickest patients and those requiring the most treatment in one large ward, thereby saving time and steps. We found the ward masters and corpsmen invaluable helpers, many times willing to do things out of their province. During the first two weeks I must admit I was very tired and the bed looked good to me at night. We, the day staff, had only eight-hour duty; that usually meant four hours on and four hours off. The night nurses worked twelve hours.
>
> When I had been in this section three weeks, the chief nurse informed me that she wished to open another building (by that she meant to place nurses in it) and wanted me to take charge of it. Being still short of nurses, she could give me only one, but promised more as soon as they could be obtained. When I left, I had nine nurses for day and three for night duty. So you see she kept her promise. . . .

Within a few weeks, the epidemic was checked and the pressure of work lightened proportionately in the cantonment

hospitals. Then the nurses enjoyed an eight-hour day, which gave ample opportunity for rest and recreation. Jane Molloy wrote of the facilities for recreation at Camp Devens:

> Do not believe that a nurse is always "over-worked" in the Army. When she leaves the wards, she is completely and gloriously "off duty." This total freedom from all responsibility means an opportunity to relax and enjoy the interval between hours of duty, rarely possible in other vocations.
>
> Nor is there dearth of entertainment. Something is going on at all times. Though it is work for the company to drill, it is entertainment for the observer. I have yet to see a comedy staged that can compare with the "Awkward Squad." Many of the best plays of the season have been produced at our camp theater. The Boston Symphony Company gave one of its fine concerts here during the winter; and the movies are always to be seen.
>
> And above, around and behind all this, the great, stupendous work goes on—the training of brawn and muscle, of mind and will. The Army changes no one; it simply proves what we are.

In its professional phases, military nursing differed greatly from institutional or private duty nursing. In a letter written from Camp Taylor, Louisville, Kentucky, Eleanor Hall described these aspects:

> The nursing experience we get here is invaluable. We learn much in various lines which is not essential in private duty nursing but which is very necessary in Army service. The nurses have come from all types of schools, from all states and from all walks of life. They are thrown together here and must quickly accustom themselves to the Army discipline. Length of service at a given post, and that alone, puts one nurse above another. The head nurses for the wards are selected entirely from among the nurses who have been longest at Camp Taylor. In a ward, the head nurse rules, except that each nurse is free to do her work according to her training, provided, of course, that she does it correctly. When a question arises, however, the nurse who has been on duty for the greatest length of time in the ward has the greatest amount of authority. We must learn to accept this. . . .
>
> We must learn to close our eyes to many things which we would like to do, and stick instead to the essentials. We must refrain especially from doing anything or everything that the orderlies or the patients can do, because there is so much to

be done that a nurse alone can handle, such as hypodermics, medicines of a dangerous nature, treatments and general supervision, that a nurse has no right to waste her time and energy doing non-essentials.

One of Miss Hall's letters contained the following comment upon the Medical Corps men:

> I never saw college boys work the way our orderlies do. (Most of them come from excellent families and are of good education.) They get up at 4 A.M.; walk three miles to their breakfast; come on duty at 6 A.M.; sweep, mop, scrub, lift, carry heavy loads and help the nurses in every possible way; take "bossing," complaints and fault finding from the doctors, nurses and patients and have no "comeback"; have one half hour off for lunch; and go off duty again at six o'clock, drill and march three miles home again. Some of the very young ones are dears, gentle and sweet, courteous and patient, yet not sissy or goody-good at all. . . .

The Red Cross provided many little comforts for the nurses in military service in the United States. In thirty-six camps and cantonments, the use of the Red Cross motor cars was extended to nurses for shopping trips or for recreation. Tennis courts were built and maintained. During the intense heat of 1918, awnings and porch curtains were provided and electric fans, to cool the dormitories and mess-halls. At Fort McPherson, Georgia, a committee of women from the Atlanta Chapter did mending for the nurses. At Fort Doniphan, Oklahoma, a cottage in Medicine Park, about seven miles from camp, was rented and three nurses at a time were taken there by the Red Cross Motor Corps for short vacations. When a fire at Camp Dodge, Iowa, destroyed the personal belongings of the nursing staff, the Red Cross supplied uniforms and clothing within two hours. Loans were made to nurses whose resources had been completely exhausted.

Camp life with its bustle and its constant noises ranging from the bray of an Army mule to the melodious echoes of the bugle calls, was vastly wearisome and the nurses sorely needed a place where they could be alone. The "Y. M." or Red Cross huts were always crowded with visitors and the sight of soldiers and their friends and families who gathered there was among the last things which tired nurses wanted to see after eight or ten hours on duty in the wards. Yet these places and

the rooms in the nurses' quarters, shared by others with nerves equally taut, were their only refuge until the Red Cross built special recreation houses for nurses. The following letter from a nurse at Camp J——— is quoted to show the need for these buildings:

> . . . If we could in our hearts wish you such luck, we would wish you were here; for our sakes, though, and not for yours. Miss ————, who has been in the service for about a year, is our chief. At first we hoped for some sort of home life. . . . Our quarters are built probably like those at every other cantonment. As you enter, there are small rooms on either side of the hall. Our chief nurse insists that there is no provision for a sitting room in these quarters for nurses, though the rooms are not yet all filled. I told her that I never would believe that anybody meant to set fifty nurses down in the woods without some place to receive a guest. Several people have called whom we could not invite in and several more have asked to call. It hurts my feelings to have to say "no." We have five hundred patients and work on the wards goes smoothly. When we get off duty, we go to bed to get warm and because there is no other place to go.

The Army deplored the lack of recreation rooms and other facilities and in almost all cases later supplied attractively furnished living-rooms for the nurses, but in the interim the Red Cross recreation houses filled a great need.

At a total cost of $245,000, the American Red Cross built these recreation houses for the exclusive use of the nurses in thirty-seven camps, cantonments and training centers. Though outwardly these structures resembled in their monotonous grayness an ordinary barrack, within there was quiet and comfort. Each had a large assembly room, bright with cretonne hangings; at one end of it wicker chairs stood cozily about a deep-throated fire-place. In the rear of the building was a small kitchenette, in which the nurses might prepare afternoon tea for their friends. Nearby was a laundry. A balcony encircled the assembly room and afforded the nurses a sewing room and small alcoves where they might read, write letters or serve supper. There was a library and many of the books brought welcome relaxation to nurses wearied of bandages and the care of sick men.

Encircling the military boundaries of the cantonments were areas in which the many types of people who follow an army,



A Recreation House built by the American Red Cross for the nursing staff of the U. S. Army Base Hospital at Fort McHenry, Maryland.



Nurses' Mess, Camp Devens, Massachusetts.

gathered to ply their trades. The sanitary conditions prevailing in stalls where food and soft drinks were sold, in dance-halls, in shooting galleries, in motion-picture theaters and in houses where soldiers, eluding the sharp discipline by which the Army endeavored to check such practices, met immoral women, directly affected the fighting strength of the new Armies. The United States Public Health Service, therefore, drew cordons of sanitary protection around the camps and cantonments, calling these outlying districts extra-cantonment zones, and, in coöperation with the Army and with the Red Cross, assigned trained sanitarians and public health nurses to these areas to safeguard the health of the soldiers by bettering the general health conditions in these localities.

While sanitary officers of the U. S. Public Health Service supervised the drainage of malaria-infested swamps and ditches, condemned the venders of dirty or tuberculous milk and rigidly ferreted out the carriers of communicable diseases, Red Cross public health nurses assisted in clinics, dispensaries and isolation hospitals, or "followed up" cases into homes surrounding the military areas. Varied and interesting indeed were the duties of nurses assigned to these health zones. A nurse wrote in the Military Number of the *Journal:*

> Our district, covering a territory of five miles about a camp, consisted of the city of Spartanburg, South Carolina, of about twenty thousand inhabitants in normal times, but now of at least double that number. In the numerous cotton-mill villages outside the city, the population comprises about twenty-five hundred. There were a few farms with small groups of negro laborers and tenants.
>
> Our unit was part of the U. S. Public Health Service. The director and the larger part of the unit was U. S. Public Health Service personnel, but we know no difference save that of the uniforms. We had a car for the use of the nurses.
>
> The city had a board of health, a full time director of health and one public health nurse who acted as quarantine officer and clerk; she investigated cases of illness and gave instructive care. There was no county health officer, no free hospital beds or clinic facilities. A local physician made charity calls on a fee basis. There were good schools with an enrollment of about four thousand children. No systematic medical inspection of schools was being done, but volunteer inspection had been made. No follow-up work had been undertaken.

During the second week after the arrival of this unit, several cases of typhoid fever were reported in nearby cotton villages. The Red Cross public health nurses immediately visited the cases and gave instructive care. The sanitarians investigated the water and milk supply. The water came largely from shallow wells, all of which were found to be contaminated, some to the extent of ninety-eight per cent bacillus coli. The director of the unit immediately closed the most dangerous wells and initiated other forms of health protection, with such success that neighboring villages also having typhoid cases, asked for similar service.

How effective the unit was is shown in the nurse's short statement of accomplishment:

> Before we had been in the field two months, we had as our nursing staff the supervising nurse and assistant, paid by the Red Cross; a school nurse, paid by the U. S. Public Health Service; and the city health department nurse. This coordinated all the nursing service in this zone. We organized a council of social agencies and had regular monthly meetings. Mary E. Lent, supervising nurse for the U. S. Public Health Service, suggested rules which were approved by our medical director.

Often the work was of the most primitive type. Mary Pritchard (Poli-clinic, Chicago) wrote in the Military Number of the *Journal*, the following account of her work in the cantonment zone at Charlotte, North Carolina:

> When I came here on short notice six months ago, I had visions of doing general visiting nursing. Upon arrival they informed me that I was to do tuberculosis work. The one visiting nurse in town, who was supported by the churches, gave care to bedridden cases when she had time. An industrial nurse looked after insured cases. I had to cover a city of fifty-five thousand inhabitants, besides the mill villages. We often walked ten and twelve blocks at a stretch to make a call. Outside the heart of the city some of the districts do not know what a sidewalk or a bit of pavement is; the soil is red, sticky clay. Snow, rain and mud makes you stick and slip and sink over your rubbers, ford creeks, climb up embankments and hurdle ditches.

The population included mill-hands, foreign and native, white and colored. Miss Pritchard's report continued:

The colored districts have small separate houses or cabins, usually old and dilapidated. About half of these have no sewer connections and those which have are very poorly equipped with the outside flush toilets, so often out of order. The only means of heating in most cases is the old-time fireplace. . . . When a nurse wants hot water, all she has to do is to set a pan of water into the fireplace.

The mill houses usually have four or five rooms; they are better constructed and kept up than the houses built to rent, but are terribly cold in winter. Only one of the eleven mill villages has sewer connections. Two mills have put in aseptic tanks for the outside toilets; the others will be compelled to do so this spring on account of the camp being here. We have the problem of the lodger, both male and female, in the mill homes as well as among the colored people.

Miss Pritchard described some of the difficulties under which the unit set to work:

I first called upon the local physicians. Three had their office girls inquire very carefully if I were soliciting funds for the Red Cross before they would consent to see me.

Most of them thought that there was a great deal of tuberculosis here which was only being reached by the physicians after the hopeful stage was past. The state sanatorium had such a long waiting list that such patients as would consent to go so far away from home usually died before there was a bed for them. As there was no system of follow-up work, home care had proven very unsatisfactory. The colored physicians were deeply interested, speaking especially of the problem of house infection. One tuberculous family would move out and a healthy one move in only to become infected, and this process would be repeated over and over. Susceptibility, poor living conditions and the fact that patients were so loath to admit that they had the disease, as it kept them from getting employment, made their work most discouraging.

A young negro man came to the dispensary about three weeks ago, referred by his doctor for a diagnosis. He proved to be an open case of tuberculosis and seemed intelligent and coöperative. I told his mother what his trouble was and made quite satisfactory sleeping arrangements for him. On my next visit, the old lady informed me that she never heard of such foolishness and she was going to take her baby (who is twenty-six) and move away from here; he only had a cold and I "needn't ter come interrogatin' round dar any more!"

Contact between carriers of communicable diseases and the soldiers in nearby cantonments was often direct. Miss Pritchard wrote:

> This work, done primarily to protect the troops, has brought out some interesting facts. Two colored women came to the dispensary, one an old lady going blind and the other with a cough of long standing. One was found to be syphilitic and the other an open case of tuberculosis. Both had been doing soldiers' washing. In another squalid home I found the mother of two tuberculous children ironing the soldiers' clothes and putting them on a filthy bed.
>
> I was also assigned to the venereal clinic, maintained by the U. S. Public Health Service. Two physicians of this service are in attendance. A nurse, formerly connected with the medical social service department of a large city hospital, was assigned by the Red Cross to do dispensary and "follow-up" work. A male nurse assists in the clinic. It is estimated that forty per cent of the colored people, who comprise one-third of the population here, have venereal infection; the percentage is almost equally high among the whites.

Emily C. Snively (W. C. A. Hospital, now Jennie Edmonson Memorial Hospital, Council Bluffs, Iowa), supervising nurse of the Red Cross Sanitary Unit No. 5, wrote in the Military Number of the *Journal:*

> When necessity demands, as it did in our extra-cantonment zone when a typhoid epidemic was raging, the U. S. Public Health Service or the American Red Cross sends a laboratory car all equipped to take care of all bacteriological work until the local laboratory can be established.
>
> The laboratory test is the only positive proof of diphtheria. . . . The taking of throat and nose cultures by the nurse is a very important part of her work, both in diphtheria and meningitis. The actual knowledge that is obtained in regard to milk is invaluable. Samples of milk are collected regularly from the local dairymen while on their routes and systematic examination is made in the laboratory to determine the chemical and bacteriological contents and value for infant feeding. Examination is also made to detect any adulteration, preservatives or coloring matter, which are so detrimental to the health and life of innocent babies. . . . It did not take long to convict a man for adding formaldehyde to his milk, when the baby of the chief of police was ill from that cause. May the day be hastened when those who are in power will be as

interested in protecting the babies of the unknown mother and father as they are their own!

The analysis of specimens in the laboratory car, which led to the diagnosis of venereal disease, was one of the most important phases of extra-cantonment zone work of this type. Miss Snively wrote:

> In the sanitary zone, liquor, vice and disease are the three foes which are fought. The liquor problem is handled by the police, but vice by both police and health departments. Any prostitute can be taken by the police to the health officer . . . and in a very short time it is known positively whether that girl is diseased. If [the reaction is] negative, she is released; if positive, she is put away so as to safeguard the soldier. The farm adjoins our city, so the deputy state health officer . . . defines the farm as the place of isolation. Medical treatment is given and no one is released until three smears are taken which prove negative. A splendid woman is superintendent of this farm and these girls are surrounded with such good wholesome environment that many have more home life than they have had for years.

When the War Council of the American Red Cross went out of office in February, 1919, its chairman published a report giving in statistical form the finances and accomplishments of the society during the period when it was operated by this body, May 10, 1917 to February 28, 1919. This report states that Red Cross public health nurses assigned to sanitary zones paid a total of 343,943 nursing visits. The number of new patients visited were 53,618; the nursing visits were 90,602; the instructive visits were 104,818; the school visits were 21,094 and the "follow-up" visits were 73,811. In the field of school medical inspection, inspection work was done in 562 schools; 229,030 children were examined; 81,983 children were found to be defective and 4389 corrections were reported to have been made.

Public health nurses in extra-cantonment zones rendered yeoman service in the pandemic of Spanish influenza which swept the country during the autumn and winter of 1918-1919. Rupert Blue, then Surgeon General of the U. S. Public Health Service, cited several heroic examples:

> At Muscle Shoals Sanitary District, on the night of October 2, a Red Cross public health nurse, assisted by two en-

listed men, received and cared for one hundred and thirty-nine patients, among whom there was only one death in three days. In another instance a public health nurse worked for twenty-eight hours, though herself ill, and after five hours' sleep returned to duty. In still another instance, a public health nurse was on duty forty-eight hours with only two hours' sleep. This same nurse paid nine hundred visits in Florence, Alabama, in the period of one week.

Within military bounds, the situation was equally desperate. Conditions at Camp Dodge, as reported by the Red Cross Field Director, Department of Military Relief, were typical of other cantonments. On September 29, the total number of patients in the base hospital was 1264, with 245 nurses on duty. On October 10, there were 7863 patients, with seven deaths and 442 nurses on duty. Six days later 5000 patients had been admitted, 56 had died and 595 nurses were on duty. An increase of one hundred and fifty per cent in the cantonment nursing staff was significant of the great activity on the part of the Red Cross in securing nurses for such service at a time when the Army was also endeavoring through Red Cross effort to send overseas one thousand nurses a week. The nurses were mobilized for Camp Dodge through a nurses' registry in Des Moines and were brought out to the camp in vehicles of the Red Cross Motor Corps. They were housed in the nurses' dormitories and in the Red Cross recreation house.

Many of these nurses had been sent from the Department of Nursing at Red Cross Central Division headquarters, Chicago. Miss Ahrens described the exodus: "At a few hours' notice, one thousand nurses, old ones, young ones, Red Cross nurses and nurses not enrolled, nurses available for service later on and nurses who would never be eligible for permanent enrollment, packed their kits, boarded the trains and proceeded like soldiers to the camps."

The official summary prepared by Colonel Leonard P. Ayres, chief of the Statistics Branch, General Staff, U. S. Army, stated that "the hospital capacity in this country (112,220 beds) was exceeded only during the influenza epidemic, when it became necessary to take over barracks for hospital purposes."[5] The fact that four deaths per thousand soldiers[6] occurred each week in the United States during October and

[5] "The War with Germany," pp. 129-130.
[6] *Ibid.*, p. 126.

November, 1918, shows the virulence of the disease. This loss of life was, indeed, a tragic accompaniment of war.

An interesting experiment in the assignment of colored nurses to a military cantonment hospital was developed at Camp Sherman, Ohio, during the influenza epidemic. The question of utilization of colored nurses had been the cause of prolonged discussion between the Surgeon General's office and the American Red Cross. At a meeting of the National Committee on Red Cross Nursing Service, held in Continental Memorial Hall of the Daughters of the American Revolution on December 5, 1911, the following action was taken regarding the enrollment of colored nurses:

> The question of the enrollment of colored nurses was discussed at length and in the meantime a conference had been held with the Surgeon General in regard to the appointment of colored nurses as members of the Army Nurse Corps. Owing to the impossibility of securing proper quarters for them, it has never been the policy of the Surgeon General's office to consider the appointment of colored nurses.
>
> In view of this fact it was moved by Mrs. Draper and seconded that for the present, at least, colored nurses should not be enrolled for service under the Red Cross. The motion was carried.[7]

The Minutes of the National Committee on Red Cross Nursing Service for a meeting held June 16, 1917, recorded a motion made and carried which approved "a plan for the utilization of colored nurses in connection with base hospitals, if such were organized for colored troops alone." This plan was modified at the next meeting of the National Committee, held on June 20, 1917:

> The chairman stated: The next question is the assignment of colored nurses to duty. The understanding was that we should not open a general enrollment for colored nurses, but if the Surgeon General finds a way to use them (as seems possible in Iowa) we will enroll them for that special service, securing colored nurses as they may be needed, to go out in the uniform of the Red Cross nurse and to be given the Red Cross badge. It was not a general enrollment, but when enrolled they would be on the same footing upon assignment to duty as were other nurses.

[7] Minutes of the National Committee on Red Cross Nursing Service, Vol. I, pp. 45-47.

> After some general discussion, the resolution in regard to colored nurses, offered at the meeting on June 16, was changed by the insertion of the words: "Wherever there is opportunity for assignment of colored nurses for duty, they be enrolled for that service and assigned to that duty." Motion carried.

On December 18, 1917, Miss Delano asked Miss Thompson regarding the probability of the Surgeon General assigning colored nurses to duty. Miss Thompson replied the following day that there was no immediate prospect of calling upon them, but she stated that she thought it would be advisable to enroll them "with the understanding, however, that their assignment is an uncertain proposition."

During the influenza epidemic, the base hospital at Camp Sherman, Ohio, asked the Local Red Cross Chapter on October 10 to supply it with additional nurses. Among those responding to the call was a registered colored nurse whose services were refused. Catherine L. Leary, then chief nurse at Camp Sherman, wrote November 21, 1918, to Miss Thompson, giving the reason for this refusal:

> The evening this colored nurse arrived at Camp Sherman for duty, the response to the appeal through the Red Cross had been acted upon so quickly that we had many nurses at the time. I therefore had to refuse a number that day, among whom was this attractive and intelligent young colored woman.
>
> She seemed much disappointed after having come all the way from Columbus. I offered her a bed for the night, which she accepted and later refused, deciding to return to Columbus as her services were not needed. I felt very sorry that she should have to go away disappointed, so I paid her fare to and from Columbus to the camp, telling her that when our quarters for colored nurses were ready, we would be glad to have her when we needed her services.

An emergency detachment consisting of nine colored nurses from Freedman's Hospital, Washington, D. C., and of one nurse from Battle Creek, Michigan, was assigned during the early part of December to Camp Sherman. Aileen B. Cole, reserve nurse, wrote December 3 of their reception:

> We first interviewed the chief nurse, who received us very cordially. We then visited the colored hostess house. Dr.

Amanda Gray, of Washington, who is chief hostess there, introduced us to the guests. We also attended the colored Y. M. C. A. services that evening and it warmed our hearts to see how thoroughly glad those boys were to have us with them and to hear them cheer!

We are accepting conditions exactly as we find them. We have met with individual prejudice, but, generally speaking, every one so far has been exceedingly kind.

Clara A. Rollins, reserve nurse, described their quarters:

Each nurse has her own room and everything to make her feel at home. Our living room is to have a piano, Victrola, desks, chairs and many other comforts to break the monotony of camp life.

The work is very interesting. Our boys are in the same wards with the white soldiers. Members of our unit have been assigned to the accident and wounded from overseas ward; surgical, ear, nose and throat ward; the psychiatric; the observation and contagious wards; and medical wards of various types. Miss Ball is the only *masseuse* in the hospital and they were very glad indeed to have her.

Mary M. Roberts, chief nurse of Camp Sherman at the time when the detachment of colored nurses was ordered there, wrote:

Clara A. Rollins I hope I shall never forget, because of her splendidly coöperative spirit shown throughout her service at Sherman. No matter what problem arose in regard to the colored group, I could always depend on Miss Rollins to think the matter through with me and to coöperate with any solution I might have to offer. She was so well loved by the boys in a surgical ward that I never changed her from her first position. I recall one amusing instance which occurred when a change of personnel in the ward seemed logical and imminent. A request, signed by every man in the ward, was sent to my office begging that Miss Rollins be not taken from them. The boys always called her "the Major" and the day before she left camp they had a special ceremony and made her a "Lieutenant Colonel." As I recall that group of patients, there were very few colored men in it.

Of the living conditions and social life of the colored nurses, Miss Roberts wrote:

> They had their own quarters with its dining room and kitchen. We very early made connection with the colored "Y" in camp and such other arrangements as we could for a reasonably normal social life. After their conference with me, they agreed that they would not expect to share in the social activities of the white nurses. It was to be understood that they were most welcome at all the "program" affairs. We were careful to reserve the Red Cross recreation hut for their use occasionally, as we reserved it for other groups for special occasions such as parties given by the aides, the students or the graduate nurses.

Of the value of the work rendered by the unit as a whole, Miss Roberts wrote:

> I do not mind saying that I was quite sure, when orders came for the colored group, that I was about to meet my Waterloo. My feeling now is that it was a valuable experience for them and for me. They really were a credit to their race, for they did valuable service for our patients and it was a service that the patients appreciated. I now find myself deeply interested in the problems of all colored nurses and believe in giving them such opportunities as they can grasp for advancement. . . .

The War Department reported that the services of seven members of this detachment of colored nurses were satisfactory in every respect. Two were recorded as "Grade 2." This was highly creditable in view of the fact that the detachment was the first one of colored nurses in the service.

A second detachment of colored nurses was organized and assigned early in December, 1918, to service at Camp Grant. Of this group, Anne Williamson, then chief nurse of Camp Grant, wrote:

> In the latter part of the year, 1918, our commanding officer, Colonel H. C. Michie, received definite information that we were to have a contingent of colored nurses at Camp Grant. Action to construct quarters for their accommodation was immediately taken and by the time that nurses arrived their home of about twenty rooms was in readiness.
>
> A colored cook and a maid were assigned to this group. One nurse was appointed housekeeper, ordered supplies, planned the meals and under the direction of the chief nurse conducted the household affairs.

The first nurse reported for duty December 3, 1918, and within a few days about thirteen nurses had arrived. Several of the nurses were from the Lincoln Hospital, New York City, one from the Freedman's Hospital, Washington, D. C., and several from Providence Hospital, Chicago.

Since the white and colored patients were not assigned to separate wards, these nurses were assigned to the general wards under the direction of the head nurse. They were serious-minded, quiet, business-like young women, well qualified to take charge of wards, had our colored patients been segregated. For a time, colored troops were stationed at Camp Grant and the nurses had opportunity for quite a bit of social life. They gave several dinners and dances, entertaining the officers from the troops mentioned. I believe that one nurse subsequently married an officer whom she had met at the camp.

Colored nurses served with distinction during the influenza epidemic at Camp Sevier, South Carolina. Sayres L. Milliken, who was at the time chief nurse at Camp Sevier, wrote:

At the peak of the influenza epidemic at Camp Sevier, South Carolina, about fifty per cent of the nurses were off duty, sick, and the hospital contained about 3000 patients. It became necessary to employ locally every nurse who could be secured. A medical officer on duty at Camp Sevier who was from that section of the country said that there were several good colored nurses who could be secured in the vicinity of Spartanburg, South Carolina. The idea of securing the services of colored nurses did not immediately meet with enthusiasm, as fully seventy-five per cent of the nurses were women of Southern birth and had very positive objections to working with colored nurses. The need was so imperative that it was decided to employ them, furnishing them quarters and a mess separate from the white nurses.

About twelve reported for duty. They were assigned to the wards in the hospital in subordinate positions and with the exception of one or two who were not young enough to adapt themselves to the trying conditions under which every one was working, these young women were found to be well-trained, quiet and dignified, and there was never at any time evidence of friction between the white and colored nurses. They served for a period of possibly three weeks. . . . I should say that, although these nurses had no opportunity to display executive ability, they did and can fill a valuable place in the nursing profession.

Four types of assignment characterized war nursing service in the United States. At the base of the military pyramid were the barrack wards of the cantonments where the recruits of the Selective Draft were trained. The National Guard did not need so thorough a schooling, military theorists argued, and it was housed under canvas. Sometimes a nurse found herself in the shining tiled corridors of Walter Reed or Letterman U. S. Army General Base Hospitals, permanent establishments of the Regular Army. Fortunate indeed was the nurse whose orders took her to an embarkation encampment! Stella Godard, reserve nurse, wrote in August, 1918, from Camp Stuart, Newport News, Virgina:

> After the preliminary business of arrival and reporting myself to the chief nurse, I was taken over to a long barrack-like building and found a bed allotted to me in a dormitory with about fifty other nurses. I must admit that this, for a first impression, was rather daunting. The place was littered from end to end with clothes, trunks and grips. Even the beds themselves were occupied, some by night nurses trying to sleep, others by day nurses, reading, writing, sewing and resting. I could see no possibility of the faintest trace of privacy for the undressing and the dressing hour. Neither was there any and later I learned there was no water for any purpose nearer than the main building. We had rough wooden shelves to put our things on and a few nails on which to hang our clothes. To get a bath we had to walk outside to the main building, two blocks away. At all times of the day, nurses were to be met *à la negligée* passing to and from their ablutions. When it stormed, the rain leaked down upon us from the roof; when it blew, the sand whirled in and almost buried us, and the flies were a veritable plague.
>
> But all this was, I am glad to say, only temporary discomfort, for now we have very nice quarters, all brand new and clean. I often look back and laugh to think of my chagrin and realize that it was not so bad as it seemed after all.

Here in Hampton Roads were the shifting sights and sounds of maritime traffic. Miss Godard wrote:

> The hospital wards are built facing the fine water front. Both day and night its ever-changing beauty refreshes and charms one. During the day, we see the ships that come and go to and from the busy ports around here. Transports,

battleships, coaling vessels and innumerable other craft lie at Hampton Roads, a great air of indomitable purpose and mystery surrounding them. Then when night falls, stillness comes over the water and the long road of silver light made by the moon shimmers up to meet the stars. Then, too, there are the little birds that live in the reeds and long grasses by the water's edge, that all night long make weird, restless little noises, neither a song nor a call, but a sound that fills one with inexplicable longings.

The romance of war, now doubly potent because of the necessity for absolute secrecy, enveloped the constant movement of the troops. Miss Godard wrote:

The troops are continually entering and leaving. For a few days the camp will be crowded with men busy about their drills, parades, exercises, a continually moving mass.

Several times I have come off night duty to see a regiment leaving in the early morning. The colonel addressed his men in a few brief words, poignant with pride, hope and high courage. The emotion which he would have hidden was evident only in the deep vibration of his voice. He saluted his men, his officers, then stepped up to the head of his regiment. The band struck up, the order rang out and they all swung forward with brisk tread, enthusiasm like a glory shining from their faces.

When you stepped out on the front porch that morning, you would find the long rows of barracks, the water front and the camp streets empty, deserted and silent, a deathly and haunting stillness over all, where only a few hours before there had been movement and laughter, song and banter, the playing of bands and the shrill call of bugles. From two hundred to two thousand men had been literally spirited away during the night on to the transports and it will be many a long day before the tramp, tramp of their marching feet will be heard upon this camping ground again.

By noon, however the vacated barracks and parade grounds would be filled again. At the main gate new regiments would come marching in, fine bodies of men, neat and trim, their overseas caps set smartly on the sides of their heads. Following them would come carts, wagons, trucks laden with paraphernalia for horses and men, magnificent and inspiring, soldiers and equipment alike the best America has to offer.

Twelve thousand, seven hundred and ninety-three members of the Army Nurse Corps, regulars and reserves, served in

military cantonment and camp hospitals in the United States during the European War. A certain amount of gossip was whispered about regarding the discomforts, the unreasoning discipline, the overwork, the monotony and the loneliness of this branch of the service. In sharp contrast to the few nurses who complained bitterly yet humanly of their assignment to cantonment duty, there were many who looked behind the surface annoyances and inconveniences of camp life, the tedium of nursing accident cases and minor ailments and the lack of consideration on the part of some of their superior officers and saw the real meaning of cantonment duty, sensed its tremendously vital part in the war plan and accepted their assignment like the good soldiers that they were. This sportsmanlike and altruistic spirit was well expressed in the following letter written by a reserve nurse:

U. S. Army Base Hospital,
Camp ————, May 25, 1918.

And so the summons came and I answered. I am one of the one hundred and forty-eight nurses at Camp ————, an atom. For as I write, there march before me sixty thousand fighting men, undaunted, ready and supreme. Here we stand together, one hundred and forty-eight nurses and sixty thousand of the youth of America.

The number on my Red Cross pin is ——. In October, 1916, happy in safe ambitions, in a gay loyalty to an idea which sprouts in cadets' training, I enrolled in the American Red Cross. I still have a circular letter, dated March 18, 1918. It is an appeal, almost a prayer to sixty-five thousand registered nurses of our nation. It asked for volunteers.

And today there are one hundred and forty-eight nurses to sixty thousand men in Camp ———— trying to accomplish the work of twice their number and more. Tomorrow they journey on the great adventure and their footsteps must be followed by other women to whom the war means more than knitting socks and sweaters and using wheat substitutes.

It seems to me that this titanic military struggle has become a test for our profession; a test of its faith in sacrifice; a test of woman's willingness and ability to share hardship; a test of woman's right to be heard in the councils which shall create new ideals from this holocaust of war.

From hospitals and from private homes, from camps and from cantonments, American nurses on their eager way to foreign service went to New York and to Hoboken, the embarkation port for the American Expeditionary Forces. From there they sailed when transportation could be secured.

The attitude of the embarking nurses offered an interesting psychological demonstration of the value and effect of disciplined training. Nurses are taught to suppress their personal reactions and emotions. They are primarily ministers to others in time of crisis and suffering and it is not for them to show feelings of fear, of hysterical sympathy, even of joy, when they are working in a professional capacity. This principle of nursing ethics is well illustrated by an incident which occurred during a recent disaster. The mutilated bodies of the dead were lying in an improvised morgue, awaiting identification, and relatives were passing down the line. A number of Red Cross nurses were on duty. As an attendant lifted the sheet which covered a body, one of the younger nurses grew dizzy at the sight. She turned to the nurse in charge and said, "I am going to faint."

The older woman leaned toward her and whispered sharply: "Don't you dare! Other people have a right to faint. You haven't."

The young nurse bowed her head for a moment, pulled herself quickly together and went on with her work.

This professional poise, which is attained only through discipline and experience, is the first prerequisite of the good nurse. Under it, however, must lie a fountain-spring of sympathy and altruism, without which no woman could stand the sights and render the services expected of nurses. War touched these emotions and stirred them deeply, but the discipline of training led nurses to cover their real feelings with a crust of cool unconcern. They accepted the details of embarkation with a *savoir faire* which some observers called "hard-boiled indifference." So the ten thousand nurses went down to New York, donned their uniforms and boarded the transports with an amazing quietness impossible of achievement had not the nurses themselves willed, by force of their training, to go quietly. No mere orders of the War Department could have silenced ten thousand women and have made them go to France to nurse the wounded under the conditions prevailing in 1917, without even a ripple of public acclaim.

Embarkation was a tedious, a bewildering and a somewhat disappointing experience for these nurses, so many of whom had cherished since girlhood the hope of nursing the wounded in war; for indeed the name of Florence Nightingale had led more women into schools of nursing than had the remunerative phases of the profession. During long hours of night duty in city hospital wards and later in isolated cantonment bases, nurses had lived in anticipation again and again the day when they should at last set out for war service. Stories of physical hardships and exhausting work, stories told by American nurses who had served on the Western Front during the early days of the war, rumors of submarine attacks and veiled suggestions which were circulated in 1917 of atrocities committed on nurses, did not help to dispel any natural apprehensions which these women might have felt when embarking upon a service as precarious as war nursing. For most of them the old life, the old sheltered life within hospital walls, ended once and for all time. The Great Adventure, long-anticipated, had begun, but like all experiences which have been lived many times in anticipation, the actual going-out, though picturesque enough in itself, was less colorful, less dramatic than had been their conception of it.

The first contingents of the American Army to sail for Europe in May, 1917, were the six American Red Cross base hospitals which General Gorgas assigned to the British Expeditionary Forces. The embarkation of the first two units was so hurried that the nurses were not even allowed to wait in New York until the newly-adopted Red Cross outdoor uniforms could be completed. They sailed instead in civilian attire, having received only such articles of equipment as were then immediately available in Red Cross storerooms.

United States Army Base Hospital No. 4 (Lakeside) which had had a trial mobilization in Fairmont Park, Philadelphia, in the fall of 1916, was remobilized in Cleveland, Ohio, thirty days after the United States declared war, for immediate service overseas. Grace Allison, chief nurse, described the sailing of the unit:

> Sixty-two nurses from various parts of the United States assembled on May 6 with the general unit at Cleveland and entrained for an unknown destination. Arriving in New York, we were quietly transferred to the Cunard liner, *Orduna*. Here Miss Noyes distributed our capes, caps and

other equipment. Miss Nutting, Mrs. Helen Hartley Jenkins, Mrs. Draper, Mr. Samuel Mather, president of the Board of Directors of the Lakeside Hospital and many others bade us Godspeed before ropes were loosened May 8 and we moved down the harbor.

United States Army Base Hospital No. 5, of Peter Bent Brigham, Boston, Massachusetts, sailed on May 11 without the serge dress, ulster and velour hat which had just been standardized as the outdoor uniform for reserve nurses of Red Cross base hospital units assigned to foreign service.

The sixty-five nurses of the Presbyterian Unit, U. S. Army Base Hospital No. 2, which embarked May 14, were uniformed and equipped by the American Red Cross. On May 19, three other units, U. S. Army Base Hospital No. 21 (Washington University Medical School, St. Louis), U. S. Army Base Hospital No. 10 (Pennsylvania Hospital, Philadelphia) and U. S. Army Base Hospital No. 12 (Northwestern University Medical School, Chicago) also sailed with outdoor uniforms and more complete equipment. Miss Noyes in the August issue, 1917, of the *American Journal of Nursing* described the spirit in which the nurses of these pioneer units accepted foreign service:

> It is an inspiring picture to see the nursing personnel of a base hospital ready to embark. The dignified uniform of dark blue cloth, the scarlet lining of the cape, the caduceus and the letters "U. S." on the collar, emphasizing the close relationship to the Medical Corps of the Army, are significant and impressive. Complete understanding of the nature of the mission is expressed in their faces. There is no laughing or joking, yet there are no tears. Courage is written on each countenance and service wherever required is their purpose.

During May, 1917, Miss Noyes made as many as three trips a week to New York, going over at midnight to see a unit sail the following day, returning again at night to be ready for work the following morning on the lists of personnel of other units then awaiting assignment. By these trips, Miss Noyes started the practice, which was later carried on by Miss Johnson, of explaining to the nurses sailing for Europe their new relation to the Army or the Navy and the Red Cross, and a little of the types of service which they might meet and the

responsibilities they might be expected to shoulder. She impressed upon them the fact that they were privileged, above all other women, to work in the closest and most appealing relationship with the American soldier, the relation of wounded man and nurse, and she urged them always to remember that their conduct would not only bring honor or discredit upon the American Red Cross and the American nursing profession but as well upon American womanhood.

Early in June, 1917, the Army established a mobilization center for nurses on Ellis Island. Edith Agnes Mury was chief nurse. A Californian by birth and parentage, Miss Mury was graduated from the Waldeck Hospital Training School in San Francisco. Following institutional work in western and Philippine hospitals, she served three years in the Navy Nurse Corps and was transferred July 18, 1916, to the Army Nurse Corps. Later she was appointed assistant superintendent of the Corps and served in the Surgeon General's office for some time. In June, 1917, while she was on duty on the Mexican border, orders came directing her "to proceed to New York and report on arrival there to the Commanding General, Eastern Department, at Governors Island, for duty as chief nurse of a mobilization station for nurses to be established at Ellis Island, New York Harbor." Mina Keenan, a regular of the Army Nurse Corps, was also assigned to Ellis Island as Miss Mury's assistant.

Three large buildings on Ellis Island, which had been used as hospitals by the Immigration Department, but which had been empty since 1914 owing to the decrease in immigration since the beginning of the war, were turned over to the Army Nurse Corps. "On the day of our arrival," wrote Miss Mury, "we were faced with these three huge, empty buildings and with a telegram stating that sixty-six nurses would arrive the next day. . . . Beds, bedding and a few accessories were brought by Quartermaster tugs from the Supply Depot in New York. Infantrymen from Governors Island cleaned the wards and set up the furniture. When those sixty-six nurses arrived the next day, they had clean white hospital beds but little else. . . . For a while it seemed as if we were not to eat," Miss Mury concluded, "but the Immigration officials hospitably threw open their employees' dining room to us."

Within a few weeks, Miss Mury and Miss Keenan had developed a smoothly-running organization. Miss Mury wrote:

With the help of a female civil service stenographer and men from the Hospital Corps, I handled the office work while Miss Keenan managed the housekeeping and looked after the comfort of the nurses in their respective quarters. Our accommodations at first were only for two hundred and fifty nurses. Later we took over a fourth building and could then accommodate five hundred nurses at one time.

The wards were converted into dormitories. The beds were placed close together down the sides of each room. There were no clothes closets and the nurses lived practically in their small steamer trunks. Although they were so crowded, we heard remarkably few complaints.

The procedure by which nurses joined the Army Nurse Corps through the Red Cross Reserve has already been described. After the nurses of a base hospital or other type of unit had received their travel-orders, they executed their oath of office at home and served an apprenticeship in the hospital of a camp or cantonment, then went to New York for foreign service. The first base hospitals, however, reported directly to Ellis Island and there the Army absorbed them completely. Miss Mury wrote:

When we were informed of a unit's arrival in New York, men of the Hospital Corps who had been detailed to our station for miscellaneous duty met the nurses at the depot and escorted them to Ellis Island. Men with Army trucks obtained the baggage and sent it to us by boat. When the nurses arrived, they came single file through my office, where a sergeant, the stenographer and I received their papers and secured such information as was necessary for our records. Miss Keenan then took them in charge and they were given beds and mess assignments at the Immigration dining room.

Every morning at 9 A.M. roll call for all nurses of every unit at the station was held. Permission was never given to a nurse to be absent. Each individual had to be accounted for once a day. After roll call, shore leave was granted to any one until midnight unless a unit was being held under sailing orders. If a new unit had arrived the day before, they were held after roll call for an explanation of their new duties, the Army regulations to which they would now have to adhere, the local rules of the mobilization station and something of the traditions of the Army of which they were now an integral part.

The next step in the preparation of a unit for sailing was

the procuring of passports, which in the early days of the war were necessary.

Of some of the details by which nurses secured their identification cards and passports, Glenna L. Bigelow wrote in the Military Number of the *Journal*:

> We went this morning to Hoboken, where we are to get our identification cards and finger prints. I surely feel as if my "fate was hung around my neck" now.
>
> After this episode, we all filed into another room, small and stuffy, where were a glaring electric light and a huge camera. A *fleissige Berthe* would not have been more formidable. However, each one in turn sat down before the dreadful object while two dozen companions uncompromisingly criticized her camera expression. Then, "Smile and look at me," said the operator; click, and the thing was done. In exactly seven minutes the picture, dripping from its acid bath, was finished, developed and printed. And as the Scotch woman said when she saw her first photograph, "It was a humblin' sight."

Equipment was the next business in hand. Miss Bigelow described from the point of view of the individual nurse this phase of embarkation:

> Tuesday, February ——, 1918. Unit —— went *en masse* to the tailors to be measured for uniforms. The wonderful system of outfitting the crowds of nurses, ranging all the way from "small thirty-two" to large "forty-four," seems perfect. The fitters were very amiable until about lunch time when one of them insisted that a certain coat was all right. His client (a social service nurse who had picked up some stray phrases of the Ghetto), spoke to him in Yiddish and then he discovered that it was all wrong and marked it up and down and all over with his chalk. . . .
>
> Friday our equipment arrived on the ferry boat, great packages and boxes from New York. We stood in line alphabetically to receive our consignment and marveled at the order and dispatch with which that great pile of things was dissipated. Every person's name was on exactly the right box, in exactly the right place, so that there was no confusion and presently we found ourselves back in our dormitory, staggering under our load of gifts. It was like an individual Christmas tree all around and we were immensely grateful. We realize what really hard work it is and how monotonous the packing of those kits must become after the

novelty has worn off. It is true that we nurses have the excitement, the change, the danger perhaps, while they are getting the dull, stay-at-home part. We bless them, every one, for these unnumbered comforts which will smooth our way over there. . . .

Saturday night. The dormitory is the most amusing place in the evening, when all the nurses come back from town. It is a veritable Grand Street, with all the coats and dresses hung up on frames over the beds and bundles strewn about. Articles are bought, sold and swapped, appraised and depreciated. Shylock would find some kindred spirits in our little Rialto and his glittering eyes would certainly approve our spirit of bargaining. By the way, we have a feminine Harry Lauder among us, whose Scotch burr caresses the ether with a subtle touch. She is the most optimistic of people and when the conversation hovers about U-boats, her only concern is whether Providence or sticking plaster keeps the sailors' caps on their heads!

After the nurses had received their passports and identification tags, after they had donned their outdoor uniforms and packed away the other articles of equipment, they entered into the most trying period of embarkation. Until July, 1918, troops and supplies for the American Expeditionary Forces were given right of way to France and the nurses were often kept waiting on Ellis Island for weeks at a time until the transportation officer would supply sailing accommodations for them. During the tedious days of waiting, an Army sergeant drilled them in the rudiments of military formations. Ellis Island in 1917 presented a martial appearance. "As our buildings were on the sea wall directly in front of the channel to the ocean," wrote Miss Mury, "all the activities of a harbor given over to war went on in our front yard. Also there were a thousand interned Germans and imprisoned German agents under heavy guard on Ellis Island and their presence produced rather a shadow of apprehension."

Flora A. Graham (Albany City Hospital, New York), a nurse member of Base Hospital No. 33, wrote in the Military Number of the *Journal* of the recreation facilities:

On Island No. 1 there is also an immense hall where the Y. M. C. A. provides amusement three times each week for soldiers and sailors and Army nurses. These amusements consist of motion pictures, lectures, popular and patriotic

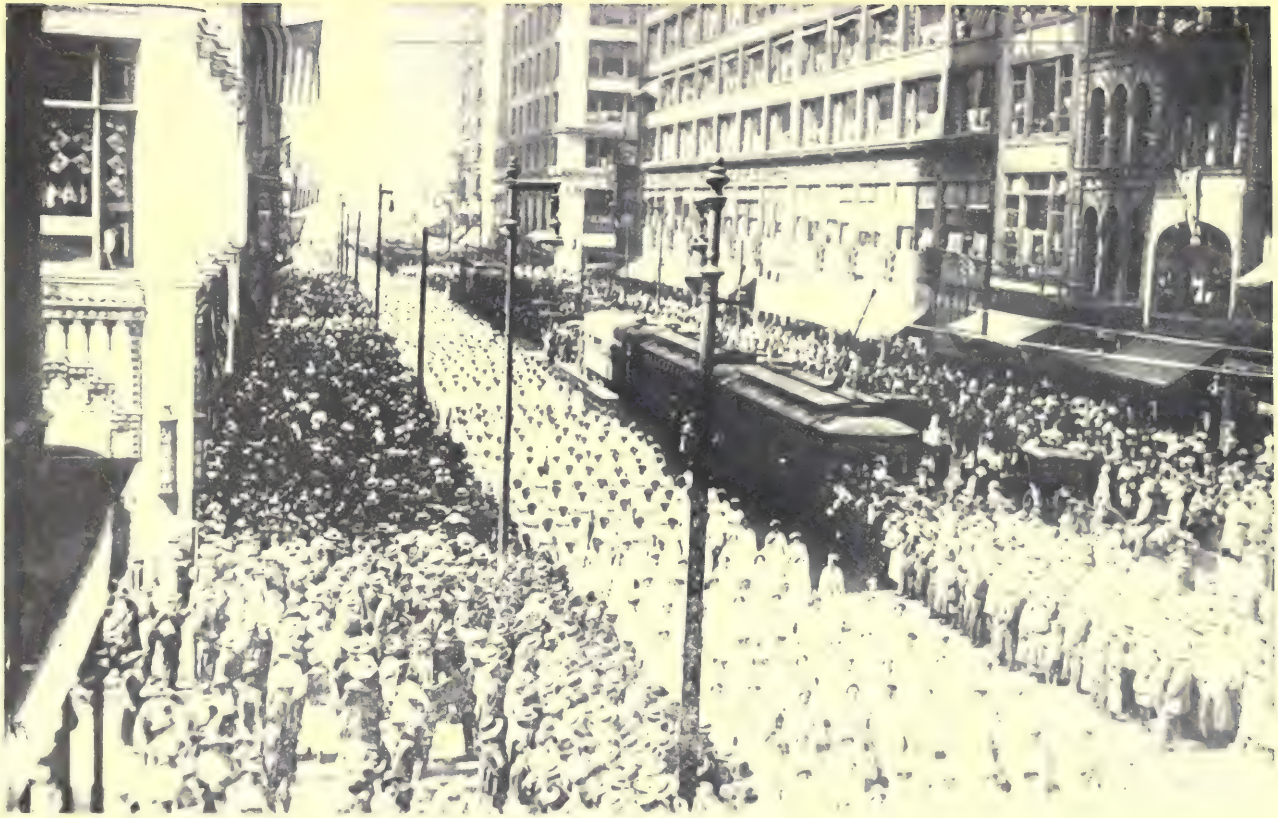
> songs and are largely attended and appreciated. On one occasion I noticed that the boys were especially enthusiastic over the song, "Mother, Bid Your Baby Boy Good-bye." The screen picture that night was "Tom Sawyer" and it gave us all great pleasure.

The chief nurse of base hospitals spent many hours in trying to master Army paper work. "Chief nurses from civilian hospitals," wrote Miss Mury, "had had no opportunity to become familiar with the special duties of an Army chief nurse. It was my duty to instruct them in the methods of keeping records and preparing official reports pertaining to the Corps. I fear that the methods of routine that had taken me years to learn," concluded Miss Mury, "I often expected those chief nurses to acquire in a single day."

In December, 1917, the old Colony Club building in New York City was offered to the War Department by Mrs. Genevieve Walsh for use as a mobilization station for nurses awaiting transportation overseas. As the space on Ellis Island was limited, the offer was accepted at once and proved a veritable Godsend, as one hundred and thirty nurses could be accommodated there at one time. Its central location was an added advantage. Mary E. Sheehan was the first chief nurse there and was followed by Minnie Winslow. The building was used until the spring of 1918.

From the nurses mobilized in New York were drawn hundreds who participated in the Red Cross parades which were held during 1917 and 1918. Led by Miss Delano, Miss Noyes, Miss Thompson, Mrs. Higbee, Miss Van Blarcom and other national executives, column after column of nurses, some clad in white with their scarlet-lined capes flung back, others marching row upon row in the smart blue uniforms of the Army and Navy, swung down Fifth Avenue in that first historic parade of October 9, 1917, the most spectacular pageanty of women mobilized for war that New York City had ever witnessed.

The delay in the embarkation of nurses from Ellis Island was due principally to the acute shortage of American and Allied tonnage. The transportation of American combat troops and supplies was necessarily given the right of way over that of medical personnel and hospital supplies, especially after the German offensive of March, 1918. The United States participated in the European War for nineteen months and during that period more than 2,000,000 American soldiers went



A Nurses' Parade held in Chicago in 1918 to stimulate enrollment for military duty.

to France, 500,000 of them during the first thirteen months and 1,500,000 during the last six months. At first, the Army had only a few American and British troop ships which they chartered directly from the owners, but during the winter months of 1917-1918 the German liners which had been seized were brought into use and the movement of troops gradually increased. Early in 1918, the British Government agreed to assign three of its large liners and four smaller troop ships to the American Army and an increase of 5779 men in March, 1918, over the preceding month resulted. Also in March occurred the disastrous Picardy Drive, with results which threatened to end in German victory. "Every ship that could be secured," wrote Colonel Ayres, chief of the Statistics Branch of the General Staff, "was pressed into service. The aid furnished by the British was greatly increased. . . . In May and in the four following months, . . . the transportation miracle took place. The number of men carried in May was more than twice as great as the number for April. The June record was greater than that of May and before the first of July, 1,000,000 men had been embarked." [8]

In July, over 306,000 American soldiers were carried to France and by October 31, 1918, 2,000,000 had sailed from the United States. During many weeks in the summer, 10,000 men embarked every day for Europe. "Among every hundred men who went over," wrote Colonel Ayres, "forty-nine went in British ships, forty-five in American ships, three in those of Italy, two in French and one in Russian shipping under British control." [9]

In the late spring of 1918, the War Department found it necessary to use the buildings on Ellis Island for hospital purposes, so the Knott chain of hotels in New York City was taken over by the Army and nurses were mobilized there. An administration center was established at Hotel Albert. Mary C. Jorgensen followed Miss Mury as chief nurse of the mobilization station in New York. She wrote:

> Soon the daily reports showed nearly one thousand nurses housed in twenty different hotels, stretching from Washington Square to Seventy-Second Street. There, in America's largest city, it was no easy task to keep an eye on them all. . . .

[8] "The War with Germany," pp. 37-38.
[9] *Ibid.*, p. 41.

> Confusion was necessarily present to a great degree. The corridors and the none-too-large offices provided in the hotels commandeered for mobilization stations seemed overflowing with swarms of women asking all sorts of questions dealing with equipment, War Risk Insurance, allotments and pay. All were so truly eager to be of service that the objective was the proper functioning of the great machine centered in Washington. Units prided themselves on the correct wearing of the uniform and on proper drilling and a spirit of friendly rivalry existed between the various groups as to which were the better soldiers. As each unit became equipped, its members, earnest and intensely eager, with trunks packed, waited on the *qui vive* for orders to sail. The most scrupulous precautions had to be exercised in giving out sailing dates; only the chief nurse was told when her unit would go.

The greatest single problem encountered during the entire period of mobilization was the arrival of the five hundred and fifty "casuals" who were withdrawn from the cantonments in May for immediate assignment overseas. Their arrival in New York extended over a period of several nights and days and they were housed in seven different hotels. They had no chief nurse to assume responsibility. "They seemed," wrote Miss Jorgensen, "to be in a chaotic state of disorganization. Finally they were all assembled at the 71st Infantry Armory," she continued, "one of their number was designated as chief nurse and she appointed five assistants. Conditions improved to a considerable extent."

The six hundred odd Red Cross nurses sent overseas to work directly under Red Cross foreign commissions, found less routine in embarkation than did those attached to the Army. They were mobilized at the house of Joseph A. Auerbach on West Tenth Street. This house, which had been loaned to the New York County Chapter, was more than just a beautiful place for nurses to stay in until the Red Cross secured their passports and passage. It soon became a meeting place for Army and Navy reserves as well as for nurses destined for strictly Red Cross foreign service. After roll call in the morning, Miss Johnson usually gathered together the different units of nurses sailing each week and explained to them their new relation to the Army or to the Navy and to the Red Cross, her resolute, human philosophy of service often being the last message which the nurses received before they embarked.

Solemn indeed for the nurses was the long anticipated hour when they boarded ship. Though her official duties concerned only nurses enrolled in the Red Cross, Miss Johnson saw almost every American nurse off for Europe. She described the docks:

> Sometimes we'd crawl out of bed at three A.M. and drive down to the East River or over to Hoboken to meet the nurses on the docks. Often it would be raining torrents. Again the cold sleet numbed us. Our arms were always piled high with every conceivable kind of bundle. We Red Crossers had great difficulty in getting supplies to the other side, so every nurse en route to the Paris office, went laden down with bundles and resembled an immigrant at Ellis Island.
>
> When our nurses went over on an Army transport we'd find the docks crowded with troops. The boys invariably had a friendly greeting for the nurses. The Red Cross Canteen women were there, too, no matter how hot or cold, how early or how late it might be. Sometimes we'd wait hours on sweltering docks, so hot that the pitch oozed out of the cracks and the boys, panting with heat and fatigue, would lie down to sleep as best they could.

The "dazzle painting" of the liners and transports further heightened the sensations of weird unreality which the nurses experienced as they waited on the docks. This type of painting, popularly termed "camouflage," made it more difficult for a submarine commander, peering through a periscope for only a few seconds at a time, to determine the course of a vessel so decorated. "The *Carpathia*," wrote Priscilla J. Hughes, Army Nurse Corps, chief nurse of Evacuation Hospital No. 22, "had the most fearful and wonderful camouflage, the design of which was supposed to represent large teeth encircling her bow and stern to show that she had sunk a submarine—so they told us! Each ship of our convoy of fourteen had a different fantastic pattern."

Miss Mury summarized briefly the spirit of the ten thousand nurses who embarked through Ellis Island for service with the American Expeditionary Forces:

> When sailing orders were received for a unit, shore leave was stopped, no communication with friends or relatives was allowed; trunks were inspected and locked and the unit stood by for the tug which was to take them to the transport. On arrival of the tug, the command "Fall in!" was given, fol-

lowed by "Forward March!" and sixty-five silent, blue-clad, white-faced women with chins well up and eyes to the front marched down the dock and on to the tug in soldierly formation. Usually as the boat shoved off a lilting song came drifting back, "Pack up your troubles in your old kit bag and smile, smile, smile." One knew, however, that the wonderful spirit of American womanhood strengthened by hospital training enabled those nurses one and all to face so bravely the journey across the submarine-infested sea and the further unknown dangers of military hospital duty in a war-stricken foreign land.

To the nurses watching and awaiting their turn, the departure of a unit was full of tense emotion. Miss Bigelow wrote:

> The sky was blue and the sun shone brightly on the little procession of fifty nurses, so dignified and smart in their dark blue uniforms. They emerged from their quarters, marched silently along the quay of Island No. 3 and over the bridge to the chapel on Island No. 1, when we lost sight of them for a moment. Soon they came out and marched, two by two, toward the tender which was to take them out to their ship. Their leader carried the flag. That mass of color crushed in her arms . . . seemed like a dart of flame, an imprisoned thing seeking freedom.
>
> It happened that a company of sailor boys, out for morning drill, was drawn up at "attention" right at the gang plank when the unit embarked; their presence added tremendously to the impressiveness of the picture. But the silence was terrible,—no fanfare of trumpets, no admiring friends, no flowers, only the grimness of parting. The little boat shrieked out a warning, warped away from the pier and silently disappeared around the Island.

. . . . . .

Great Britain, the gateway through which passed one-half of the two million American soldiers who served at the Western Front during the European War, was the scene of extensive American Red Cross nursing service in the field.

Early in 1914, it will be remembered, a group of American citizens resident in England had desired to express their sympathy for the Allied cause and especially for England by the establishment and maintenance of a war hospital. The American Women's War Relief Fund was raised and the Committee responsible for its disbursement opened "Oldway House" Hos-

pital, Mr. Paris Singer's estate at Paignton, Devonshire. When the American Red Cross offered two medical units of the Mercy Ship to the British Government in August, 1914, the War Office assigned Unit F and later Unit D to Paignton and they remained there for one year. After their recall, the committee continued the maintenance of "Oldway House" Hospital and also established a small officers' hospital at Lancaster Gate, Hyde Park, London.

Upon the entry of the United States into the European War, members of the American colony in England desired to take a more active part in war relief work than was afforded them in the maintenance of these two hospitals. They accordingly petioned National Headquarters to grant them a charter as an American Red Cross Chapter. Thus on May 24, 1917, came into existence the London Chapter of the society.

Mr. Walter H. Page, then American Ambassador, was the first honorary president. Mrs. Page and Mrs. Robert P. Skinner were honorary vice-presidents; Mrs. Whitelaw Reid was chairman; Mrs. Irwin Laughlin, vice-chairman; Boylston A. Beal, honorary secretary; and Robert Grant, Jr., honorary treasurer. W. H. Buckler served as administrative director.

Six base hospitals organized by the American Red Cross were, it will be remembered, the first branches of the American Army to go overseas. The nurses of these columns were cordially received in London by members of the London Chapter. As other base hospital units arrived in England on their way to service with the American Expeditionary Forces in France, urgent need developed for a large central club where transient nurses might be housed and entertained. A committee of the London Chapter was organized, with Viscountess Harcourt as chairman and this committee established in June, 1917, the American Nurses' Club, at No. 42 Grosvenor Place. This club soon became so popular with Army, Navy and Red Cross nurses on their way to France or on brief holiday in London, that the Chapter furnished an annex to it on a floor of Forbes House, the home of the Countess of Granard in Halkin Street. Mrs. Cavendish Bentinck opened an extensive suite of rooms in her house, No. 4 Richmond Terrace, and later the committee leased another building, No. 45 Grosvenor Place. Agnes Birtles, an American Red Cross nurse on duty in Great Britain, wrote that "no one who has not been a stranger herself in London can realize what it has meant to us to have an attractive place to go

to in a strange city. Everything, even to serving our breakfasts to us in bed, was done for our comfort."

In the fall of 1917, two long-pending developments of the American military situation brought about an urgent need for more extensive American Red Cross operations in Great Britain than could be handled solely through the London Chapter. The first of these was the decision to brigade American troops with the British Armies in northern France; this brought with it the certainty that American sick and wounded would be sent to Great Britain for care and treatment. American hospital facilities in England for these men would, therefore, be necessary.

The second development was the enormous increase in the numbers of American soldiers who were being landed on British soil while en route to France. Of the 2,000,000 American soldiers who served on the Western Front, 1,025,000 of them were carried across the Atlantic in British ships. Early in the spring of 1918, the British Government assigned three of its big liners and four of its smaller troop ships to the use of the American Army. These ships took on American soldiers at Quebec, Montreal, St. John, Halifax, Portland, Boston, New York, Philadelphia, Baltimore and Norfolk and discharged them at Glasgow, Manchester, Liverpool, Bristol Ports, Falmouth, Plymouth, Southampton and London. After a short time spent in American rest camps established by the American Army near these ports, the soldiers were transported to France by means of the Cross-Channel Fleet.

Following the decision of the War Department to send American troops to France by way of the British Isles, the Secretary of War established in October, 1917, in England, United States Army Base Section No. 3 and placed Major General George T. Bartlett in command. Brigadier General Francis Winter was assigned as Chief Surgeon of the American Armies in Great Britain. His office did not at this time include, however, a representative of the Army Nurse Corps.

Wherever branches of the American Army were sent during the European War, representatives of the American Red Cross followed to offer them the service which its charter of 1905 authorized the society to give. Upon the arrival in Great Britain of large numbers of American troops, the need for Red Cross service increased to proportionate dimensions. This service entailed the purchase and distribution of vast quantities of

supplies to the American Army and the establishment, if the Army Medical Corps so desired, of Red Cross hospital facilities for American sick and wounded soldiers. Although the London Chapter was organized in May, 1917, it was the policy of the War Council to conduct activities of this nature through foreign commissions sent out from National Headquarters. Local Chapters, if such existed in the foreign field, lacked both the funds and the knowledge of national and international Red Cross policy to administer the diversified activities. The War Council appointed the members of each commission, appropriated from the Red Cross General Fund the moneys necessary for their work and directed their activities entirely from National Headquarters.

The first of these commissions, the American Red Cross Commission for Europe, as will be recounted in a subsequent section, arrived in Paris early in June, 1917, and set up its headquarters at No. 5, Rue François 1r. Major Grayson M.-P. Murphy, of New York City, was the commissioner. Among the seventeen men who formed his staff was William Endicott, of Boston, Massachusetts.

Early in July, a need was felt both by National Headquarters and by the Commission for Europe for an American Red Cross representative in London. The War Council voted on July 12, 1917, "that a Commission for Great Britain be immediately organized." The need for a "direct representative in London" was echoed again in the Minutes of the War Council, meeting August 7, 1917, and on August 22, "Edgar H. Wells was recommended and appointed as deputy commissioner for Great Britain."

During July and August, the Commission for Europe was experiencing its initial difficulties in securing supplies in France. Major Endicott was accordingly dispatched to England to act as "purchasing agent" for the Paris office. He hung up his cap September 10, 1917, in a room at the Chapter headquarters on Grosvenor Gardens which was loaned to him by the London Chapter, and in this office six weeks later, the American Red Cross Commission for Great Britain came into existence, with Major Endicott as commissioner.[19] His office, though numbering seven persons, did not at this time include a representative of the American Red Cross Nursing Service.

The first work of the Commission was the establishment near

[19] See Minutes of the War Council, October 23, 1917; Vol. II, p. 356.

Liverpool of American Red Cross Military Hospital No. 4. On November 19, 1917, Major Endicott leased an English country estate, Mossley Hill, which was located within fifteen minutes by motor from the docks. The Red Cross immediately began the renovation and equipment of the fine old mansion house as a war hospital.

Small numbers of American troops were then being sent to England in the available passenger space on commercial liners. They were concentrated at the United States Army Rest Camp at Winchester and the first American Army hospital in England was opened there. It was located on the crest of Morn Hill, two miles from the city and was designated as United States Army Camp Hospital No. 35. It was opened for patients on December 15, 1917. Nine Army nurses, with Ada J. Allan as chief nurse, were assigned to duty there on February 22, 1918. The capacity of the hospital was gradually increased to 600 beds and the nursing staff raised to thirty members.[11]

On January 9, 1918, American Red Cross Military Hospital No. 4, Mossley Hill, received its first patients. Its capacity then included only forty beds, but eight barracks were soon constructed within the spacious grounds, which brought up the total capacity of the hospital to 500 beds. An officer of the United States Medical Corps was placed in charge. The Nursing Service at National Headquarters, Washington, supplied the nurses. Marion Weller (New York Hospital) was chief nurse; she was installed by Major Endicott previous to the opening of the hospital and she and her nurses worked with great devotion to transform the old mansion into a hospital. One of these was Agnes C. Birtles. She wrote:

> My first assignment to duty upon my arrival on December 1, 1917, at Liverpool, was to a new Red Cross hospital then being prepared for the reception of American troops taken ill in crossing. As we were unable to secure any kind of labor, we seven nurses set to work cleaning, scrubbing, painting floors, unpacking furniture and putting up beds. The beautiful old house had been empty for a long time.
>
> I shall never forget our first patients, those ill, homesick boys who came to us from other hospitals or directly from the docks. Some had been taken to English hospitals where

[11] See Report of the Director of Nursing Service, American Expeditionary Forces, p. 27.

> they had received the best of care, but English people, kind as they are and English surroundings, clean and often luxurious, were not American. Our bare wards seemed like home. New buildings were soon erected and never a bed was empty. More than once we put our patients on mattresses in the halls while the erection of new barracks was speeded up.

In July, 1918, this hospital was transferred from the Red Cross Commission to the American Expeditionary Forces in England and was staffed by reserve nurses, Army Nurse Corps. Hospital Unit "T," which had been organized by the Red Cross for the Army, was transferred from Sarisbury Court for duty at Mossley Hill. Nellie Brookbanks was chief nurse. The capacity of the hospital was later raised to 500 beds, with a permanent nursing staff of forty-five.[12]

The Red Cross Commission for Great Britain next took over three hospitals in England which had previously been conducted by the American Women's War Relief Committee and by the London Chapter. The Commission assumed financial responsibility for these already successful hospitals, greatly extended their activities to meet the new demands, centralized the management and brought about economy of personnel and funds.

The largest of these three hospitals was "Oldway House," Paignton, which the American Women's War Relief Committee turned over on January 1, 1918, to the American Red Cross. It was designated as American Red Cross Military Hospital No. 21. Its sixty rooms accommodated 250 patients. By the acquisition of other buildings on the estate and of the Redcliffe and the Esplanade Hotels in Paignton, the Commission raised the bed capacity of the hospital to 700. Like other Red Cross military hospitals in England and France, officers of the United States Army Medical Corps were in command. A British Matron was in charge of the nursing staff which consisted of English sisters, numerous V. A. D. members, and American Red Cross nurses of the Mercy Ship, who had elected to remain at "Oldway House" after the recall of the units. On August 17, 1918, twenty-five reserves of the Army Nurse Corps, who had gone overseas as members of Base Hospital No. 40, were assigned to temporary duty at Paignton and all others were released. Mary Murphy, a graduate of the Carney Hospital, South Boston, was chief nurse.

[12] See Report of the Director of Nursing Service, American Expeditionary Forces, p. 28.

The other hospital formerly administered by the American Women's War Relief Committee was a small institution at Lancaster Gate, Hyde Park, London, which the committee had opened in March, 1917, for British officers. The American Red Cross Commission for Great Britain took over this hospital, gave it the designation of American Red Cross Military Hospital No. 22 and expanded its original capacity of forty-eight beds so that it ultimately accommodated approximately 150 American officer patients. The nursing staff was made up of English Sisters and nursing members of Voluntary Aid Detachments of the British Red Cross. A British nurse was Matron. The presence of three American Red Cross nurses added an American touch during the spring and summer of 1918, but they were recalled by autumn. The success of the Lancaster Gate Hospital was due largely to the efforts of Viscountess Harcourt.

The third hospital to be taken over by the Commission was St. Katharine's Lodge, Regent's Park, London. In June, 1917, Mrs. William Salomon, of New York, had offered her house, a rambling two-story lodge built by George IV in four acres of royal parks, to the London Chapter of the American Red Cross to be used for hospital purposes. The London Chapter accepted the gift and St. Katharine's Lodge was first maintained as an auxiliary of the British Military Orthopedic Hospital at Shepherd's Bush. Upon its transfer on January 1, 1918, to the Commission for Great Britain, it was designated as American Red Cross Military Hospital No. 23, but its thirty-eight beds continued to be used for the care of British officers. It was staffed by eleven American Red Cross nurses, with Isabelle F. Carson as chief nurse. In midsummer of 1918, St. Katharine's Lodge was militarized and became an American officers' ward of United States Army Base Hospital No. 29, at Tottenham, near London.

So successful was St. Katharine's Lodge as an officers' hospital that Mr. Chester Beatty, an American mining engineer, and his wife offered in January, 1918, the use of their London residence, Baroda House, for hospital purposes to the Red Cross Commission. Major Endicott accepted the gift and on March 20, 1918, Baroda House was opened as American Red Cross Military Hospital No. 24. Mr. and Mrs. Beatty contributed the funds required for the maintenance of the hospital and the American Red Cross Commission supplied the

professional staff, the orderlies and the medical and surgical supplies. Five American Red Cross nurses and four V. A. D. members, were assigned to duty there.

In location and in execution, Baroda House was charmingly suited for use as an officers' hospital. Though in the center of London, it adjoined Kensington Palace Gardens and was removed from traffic,—a quiet and soothing place. Its founder had been an Indian prince, the Gaekwar of Baroda, and the spacious, square, high-ceilinged rooms still contained in their furnishings a quaint and Eastern flavor. Tall windows on the ground floor opened directly upon lawns and a garden where convalescent patients in wheel-chairs and on beds, drowsed through the sunny afternoons.

American Red Cross military hospitals in Great Britain thus on March 20, 1918, consisted of No. 4, Mossley Hill, Liverpool; No. 21, Paignton; No. 22, Lancaster Gate, London; No. 23, St. Katharine's Lodge, London; and No. 24, Baroda House, London.

The development of hospital activities in England, both of the Army and of the Red Cross, was greatly accelerated during the spring and summer of 1918 by the aid which the British Government gave the United States War Department in the transportation of American troops. The movement of American troops for March showed an increase over February of almost 6000 men. During the same month, the disastrous Picardy offensive occurred and every available British ship was immediately pressed in service to transport American reinforcements for the almost-exhausted Allied armies holding the Western Front. The number of men transported to France in April showed an increase over March of 33,000 and in May, the number transported was more than twice as many as in April. By July 1, 1,000,000 men had been embarked and a great number of them passed through England.

This increase in the number of American troops passing through England brought about a need for more extensive hospitalization in Base Section No. 3. The establishment of new hospitals requiring large staffs of nurses created a need also for a representative of the Army Nurse Corps to serve on General Winter's staff. Two reserve nurses of the Army Nurse Corps, Nellie E. McGovern (Manhattan State Hospital, New York City) and Nellie V. Brookbanks (Bellevue Hospital) were assigned on February 22, 1918, by the Chief Surgeon,

American Expeditionary Forces in France, to the office of the Chief Surgeon, American Armies in Great Britain, and into their hands was placed responsibility for the conduct of the Army Nurse Corps in England.

During the early spring of 1918, General Winter established a camp hospital at Liverpool and an Army base hospital at Hursley Park, Winchester. The first of these, U. S. Army Camp Hospital No. 40, was located at Knotty Ash, Liverpool, and was opened on March 26, 1918. It drew patients from the big American Rest Camp at Knotty Ash, which then accommodated 10,000 troops. The initial bed capacity of Camp Hospital No. 40 was 250, but it was raised during the summer and fall of 1918 to 500 beds. Twenty-one nurses of Hospital Unit "W," which had been organized by the American Red Cross for the Army, were assigned to duty there on May 28; Amanda Metzger, a graduate of the Springfield (Illinois) Hospital, was chief nurse. The strength of the nursing staff was later increased to forty-five members and was maintained at this number by the assignment of nurses from various base hospital units to temporary duty there.[13]

The first United States Army hospital in England, No. 204, opened its doors April 23, 1918, at Hursley Park in southeastern England, five miles distant from Winchester. The British War Office turned over to the American Army Medical Corps wooden barracks which they had built for the hospitalization of their own troops and Base Hospital No. 204 opened its doors to patients on April 23, 1918. The nursing staff was composed of twenty-two members of Hospital Unit "I". Lora B. Roser, a graduate of the Culver Union Hospital, Crawfordsville, Indiana, was chief nurse. The capacity of the hospital was later raised to eight hundred beds and the strength of the nursing staff to fifty permanent members.[14] Hursley Park Hospital was repaired and reëquipped by the Red Cross.

The Red Cross Commission for Great Britain was permitted to take an important part in the establishment of the next hospital for American troops in England. In the spring of 1918, the American Army Rest Camp at Winchester overflowed, so the American Army in England took over a second camp six miles away at Romsey. Nurses will remember that one of the

[13] See Report of the Director of Nursing Service, American Expeditionary Forces, p. 27.
[14] *Ibid.*

Nightingale estates was situated near Romsey, in Hampshire, and the young Florence Nightingale especially enjoyed the summers spent there.

The camp at Romsey which the American Army took over had formerly belonged to the British Army and had accommodations for seven thousand troops. Its hospital facilities consisted, however, of a row of tents along one of the camp streets. These tents were equipped only with straw ticks laid upon boards raised about six inches from the floor. During the pleasant English summer, these quarters had been comfortable enough for the British sick and wounded to spend a few hours in before British ambulances transported them to nearby bases. A different situation confronted the American Army. They had only the one base hospital, at Hursley Park. Thus for the raw English winters, they needed permanent hospital facilities at Romsey. The Chief Surgeon called upon the Red Cross Commission for Great Britain to construct a permanent hospital of at least two hundred and fifty beds.

The commission immediately undertook the work and Major Endicott set about the discouraging task of securing supplies and labor. While he was searching for wood or concrete or stone or any building materials, not necessarily the most desirable but those actually to be had, an Army lieutenant secured an option for some bricks and he turned it over to Major Endicott. The necessary lumber was sawed by small portable mills in the New Forest and was swiftly transported by Army trucks to Romsey. Working squads of the American Armies were assigned to bricklaying. Sometimes the hospital construction progressed uninterruptedly for as long as three weeks. Then the troops were ordered to Plymouth or Southampton, the transports steamed out into the Channel and the hospital walls, half-raised, stood undisturbed in the quiet camp until the next detachments came swinging down from Liverpool and construction began again. By June, 1918, the neat little hospital with long sunny wards, completely appointed operating and X-ray rooms, diet kitchens, milk pasteurizing plant and gas and electric equipment was ready for occupancy, perhaps by some of those same whistling Yankees, who had lightheartedly laid a brick in the walls of this hospital in England against the day when they or their "buddies" might be sent back in mortal need of hospital care from the trenches which they were then so eager to reach.

The hospital at Romsey was designated as United States Army Camp Hospital No. 34. Ten nurses, "casuals" and members of various base hospital units with Nellie McGovern as chief nurse, were assigned on August 4, 1918, to this hospital. The permanent staff was later raised to seventeen nurses.

The next institution to be opened by the Red Cross Commission for Great Britain was a convalescent hospital for American officers. This was opened June 1, 1918, at Lingfield, about thirty-five miles from London, on the country estate of Colonel Spender Clay and his wife, who was the daughter of Lord Astor. This convalescent hospital was designated American Red Cross Convalescent Hospital No. 101. The house accommodated more than one hundred patients.

Previous to May, 1918, the American Red Cross Commission for Great Britain had not included a representative of the Nursing Service. Many American Red Cross nurses were on duty, however, in the five American Red Cross military hospitals then being conducted by the commission for the Medical Corps. Also many reserve nurses of the Army Nurse Corps were in active service in England. On May 14, 1918, Major Endicott wrote Miss Delano:

> Miss Carrie Hall, who has lately been the Matron at General Hospital No. 13, British Expeditionary Forces, Boulogne, is our newly-appointed Chief Nurse of the American Red Cross in Great Britain, assigned to the position by the Chief Surgeon, American Expeditionary Forces [in France]. She will have entire charge here in Great Britain of the enrollment, assignment and direction of Red Cross nurses. We have asked her to report directly to the Bureau of Nursing Service of the American Red Cross in Washington.

This appointment was made without conference with Miss Delano and Miss Noyes. A precedent for such action had already been established by the American Red Cross Commission for Europe and a detailed discussion of the policies involved will be found in a subsequent section.

A few weeks later, the Chief Surgeon, American Expeditionary Forces in France, notified General Winter, Chief Surgeon of the American Armies in England, that a permanent chief nurse of Base Section No. 3, Grace E. Leonard, had been appointed. With her assistant, Annie C. Porter, Miss Leonard reported for duty on June 19, 1918, on General Winter's staff. Miss McGovern was transferred to Romsey as chief

nurse of Camp Hospital No. 34 and Miss Brookbanks to Mossley Hill as chief nurse of American Red Cross Military Hospital No. 4.

The appointment of a chief nurse for the American Expeditionary Forces in England and the appointment of a chief nurse for the American Red Cross Commission for Great Britain marked the beginnings of an authoritative and permanent nursing service in England.

In her first report to Miss Delano regarding the Red Cross nursing situation in England, Miss Hall wrote on June 6:

> Plans are under way for opening here in London a hospital of about sixty beds for sick and wounded American nurses. . . .
>
> There are now in England six hospitals nominally under the American Red Cross. At least two of these are responsible directly to the British War Office and with regard to them, I propose no interference, except perhaps to withdraw slowly such American nurses as are now in them, replacing them with English nurses and so leaving the nursing staff entirely English in character. By using the American nurses to fill in the gaps in other more distinctly American hospitals, we can thus attempt to have complete American staffs and American methods in these later institutions.
>
> We shall need a good many nurses in England for our own Red Cross work, apart from those assigned as reserves to the Army Nurse corps. Major Endicott informs me that some time ago he asked for fifty nurses; I hope they will be forthcoming during the next few weeks. I am recommending to him today that he apply through the proper channels for fifty additional ones.

Upon the authorization of the Nursing Service at National Headquarters, Miss Hall organized a Local Committee in London to undertake the enrollment in the American Red Cross Nursing Service of American nurses then in Great Britain. Miss Hall estimated that over one hundred nurses were enrolled thus through the London office.

One of the most important things which Miss Hall accomplished at London Headquarters was the establishment of a budget system and an equipment section. Miss Hall wrote:

> Previous to my tenure of office, nurses assigned to Red Cross duty by the commissioner or by the London Chapter had been scantily equipped, the expense of which had been

> charged to the hospital where the individual was assigned to duty. I stated the case to the comptroller, showing that nurses should be enrolled and equipped who were not assigned to any hospital in England but might be transferred to the Red Cross in France or to the Army in England. He saw the need for a separate budget for the nursing department and immediately secured it. That enabled me to establish means for supplying equipment in London which was parallel to the equipment supplied to nurses sent from home.

In June, July and August, 1918, 870,988 American soldiers were landed in France. A large portion of these troops passed through England. During this period, General Winter established another camp hospital and four additional Army base hospitals in Base Section No. 3.

United States Army Camp Hospital No. 36 was opened July 1, at Southampton, the principal port of embarkation for France. This institution had a capacity of eighty beds but was capable of expansion to five hundred beds.

United States Army Base Hospital No. 33 was assigned to Portsmouth, England. This base hospital had been organized by the American Red Cross at the Albany Hospital, Albany, New York. Sally M. Johnson, superintendent of the Albany Hospital School of Nursing, had organized the nursing staff of the unit, but Mattie M. Washburn, her assistant, led the nurses into active service.

Base Hospital No. 33 had waited two months at Ellis Island before embarkation. The unit sailed April 22, 1918, on the S. S. *Carmania,* which also carried the entire 28th Division. Upon the arrival of the unit at Liverpool on May 15, the nurses were temporarily billeted at United States Army Base Hospital No. 204 at Hursley Park. On June 1 they entrained for permanent quarters at Portsmouth and were finally assigned to the Portsmouth Borough Asylum, three miles from the center of the city. This institution had been built and maintained by the Board of Asylum Control of London. It consisted of one main building of modern brick and stone construction and of several detached villas surrounded by eight acres of farmland.

The American unit took possession on July 8 and immediately began the tedious and irksome task of changing the asylum to a hospital. Like Miss Nightingale's supplies which,

buried under ammunition, had gone up the Bosphorus past Scutari, the equipment of Base Hospital No. 33 had been carried to France. The distressed unit was able to secure only the most essential articles from the generous stores with which the Local Red Cross Chapter at Albany had supplied them. The asylum authorities, the British War Office and the Admiralty and the American Red Cross Commission donated materials until the bed capacity of Base Hospital No. 33 numbered three thousand with an additional emergency expansion of one thousand patients. The Red Cross erected a theater, seating an audience of twelve hundred, and built tennis courts and the best baseball diamond in England.

Miss Washburn wrote of their first patients:

> Surgical casualties which had arrived on hospital ships at Southampton were brought to us July 24 by motor ambulances and hospital trains within thirty-six hours from the time they had been wounded.
>
> On September 22, we had seven hundred patients. Word was then received that the S. S. *Olympic*, with six thousand troops on board, the greater number of them suffering from influenza, had come to port in Southampton. Sixty-six tents were immediately secured from the British to set up in the court yard of Base Hospital No. 33. Convalescent patients and members of the detachment were immediately transferred to these tents and the wards were cleared for the reception of influenza patients. Within one week seven hundred and ninety-seven cases had come to us, one hundred and forty-four of whom were nurses and female members of the Signal Corps. Both pneumonia and meningitis developed. Of our one hundred and twenty-nine deaths among these patients, eleven were nurses and one was a dietitian.

United States Army Base Hospital No. 37, the largest American military hospital in England, crowned the crest of a hill at Dartford, fifteen miles from London. It was located in wooden barracks and in brick buildings of a former convalescent fever hospital of the Metropolitan Asylums Board and had a capacity of two thousand beds. In the valley below was a large overflow hospital where the British Army cared for twelve hundred wounded German prisoners of war.

The nursing personnel of Base Hospital No. 37, which had been organized largely from the King's County Hospital,

Brooklyn, New York, with Annie F. Mack as chief nurse, had arrived in England on May 31, 1918, and had been assigned to temporary duty at Hursley Park. On June 10, they were transferred to Camp Efford at Plymouth, but as the hospital there was not then completed, they were scattered on temporary assignments among various other hospitals. The entire unit of ninety-nine nurses was collected on July 18 and was assigned to permanent duty at Dartford.

Meantime in the outskirts of London, at Tottenham, United States Base Hospital No. 29, organized within the Medical School of the University of Denver, Colorado, had established a permanent base in buildings taken over by General Winter from the Metropolitan Asylums Board. The nursing staff of this unit, which was composed of one hundred reserve nurses, was assigned to duty there in July. Laura A. Beecroft was chief nurse. Tottenham Base was one of the largest American military hospitals in Great Britain and had a capacity of fifteen hundred beds.

During the summer of 1918, the American Red Cross Commission for Great Britain established two additional convalescent homes and one base hospital for the American Armies in England. One of these homes was located in Putney, London, at Colebrook Lodge, the estate of John T. Ryan, of Toronto, and was used as a convalescent home for Army, Navy and Red Cross nurses and other American women workers in the Military Establishment. Colebrook Lodge was a three-story modern building, constructed on the three-hundred-year-old foundations of Putney Manor and the nurses thoroughly enjoyed their stay there, their walks among the gardens and over the downs of Putney Heath and Wimbledon Common.

The Red Cross Commission took over on August 15 the estate of Percy Chubb at Wimbledon, which the British had maintained as a convalescent home for British officers. The Commission designated this house as American Red Cross Convalescent Hospital No. 102 and maintained it for the British Army with the understanding that it should be used exclusively for convalescent American officers, if such a need should arise. Its capacity was seventy-five beds.

The final and most ambitious project which the Commission undertook for the American Expeditionary Forces in England was the preparation for occupancy of United States Army Base Hospital No. 40 at Sarisbury Court, near Southampton.



Nurses on the balcony of the American Red Cross Nurses' Club, London, overlooking the Gardens of Buckingham Palace.



Colebrook Lodge, a convalescent home for American Army, Navy and Red Cross nurses established at Putney, near London, by the American Red Cross.

The report of the Commission for Great Britain described the establishment of this base:

> In April, 1918, the Commission for Great Britain commenced negotiations for the purchase of a large estate in Hampshire between Southampton and Portsmouth, known as Sarisbury Court. . . .
>
> The estate lies in the bend of the Hamble river, sloping down to the water on two sides. The manor house, a massive three-story building of severe Tudor architecture, stands on high ground and its tower is visible on a clear day from points twenty miles distant. Though built twenty-five years ago, the house provided an excellent nucleus for a hospital. Acres of hut wards, quarters for nurses, doctors and men, an administration building and store houses were immediately planned and construction was begun to raise it to its estimated capacity of three thousand beds.
>
> Speed was essential. American wounded from France were already pouring into England. The difficulty in obtaining lumber made necessary the establishment of saw mills on the property, so that timber from the woodland pastures could be utilized. Concrete for the wards was mixed in little factories from sand and gravel found on the estate. To supplement the ward buildings in emergencies seventy large tents, double-roofed and with windows, were also erected. . . .[15]
>
> The problem of cows for the hospital farm was solved by the generosity of the people from the little islands of Jersey and Guernsey, located a few score miles out of Southampton in the English Channel. Sixty cows of their fine herds were offered as a gift to the American base. . . .

The nursing personnel of Base Hospital No. 40 had been organized at the Good Samaritan Hospital, Lexington, Kentucky, and upon arrival in England on July 20, 1918, consisted of one hundred and seven members. Elizabeth McCormack Bogle was chief nurse. The nurses of the Good Samaritan Unit were first stationed at Sarisbury Court, but as the hospital was not then ready to receive patients, they were distributed on temporary assignments among other American military base and camp hospitals. Five of them were sent to Base Hospital No. 15 in France; seven others, "casuals" who had been attached to the unit only during the trip over, went on to France. When Sarisbury Court was ready for patients on

[15] An interesting account of the difficulties encountered by the Red Cross in the establishment of this base may be found in "The Passing Legions," by George Buchanan Fife, pp. 202-211; The Macmillan Company, 1920.

September 4, the nurses of the original Good Samaritan Unit were returned there for duty.

Base Hospital No. 40 rendered yeoman service during the last week of September, 1918, when the influenza epidemic was at its height. The liner *Olympic,* with four hundred cases of influenza aboard, docked at Southampton on September 29 in a cold, raw mist. The six thousand troops which she had brought overseas came from southern states and were keenly susceptible to the change of climate. The medical authorities hesitated to assign even the well men, exposed as they had been on shipboard to the influenza, to Southampton Rest Camp, where they would have to sleep in cotless tents on floors consisting of a layer of thin boards a few inches above the wet ground.

The troops were detained aboard the *Olympic* for a few days. The influenza then became so virulent that the soldiers were finally disembarked and taken to Southampton Rest Camp. Pneumonia developed among full one-third of the men who had contracted the influenza on shipboard.

Although Sarisbury Court was not yet equipped to receive a large number of patients, the Commission swiftly made arrangements so that the hospital could accommodate about three hundred men. Some of the personnel of Base Hospital No. 40 had already arrived there but many of the surgeons and nurses had been scattered on temporary assignments to other bases. They were quickly recalled and they worked day and night without respite until the epidemic was checked.

During the summer of 1918, an important change of policy was adopted by the Chief Surgeon, American Expeditionary Forces in England, which greatly diminished the need for extensive American Red Cross medical and nursing service in Great Britain. Miss Hall wrote Miss Noyes on August 2:

> The general policy of the Army here in England at the present time is that all hospitals shall be directly under the Army. The Red Cross will therefore establish no further hospitals as separate Red Cross institutions. I hope, however, that we will still be able to staff the ones already in existence with Red Cross nurses, but many of these will be transferred to the Army Reserve. My work as chief nurse of the American Red Cross in Great Britain now becomes quite secondary to that of the chief nurse, Army Nurse Corps, Base Section No. 3.

On September 18, Miss Hall commented again upon the cessation of Red Cross activities:

> The whole situation in England has undergone great changes during the summer months. In the early spring, the policy of brigading our troops with the British in France brought forth a big hospital building policy in England. In pursuance thereof, much work has been done in starting Army hospitals. Then the Chief Surgeon continued consistently to take over these institutions, with the result that so far as hospital and nursing work are concerned, there will be no further developments in England for the American Red Cross.
>
> It has been decided that I am to go to Paris the latter part of this month to help out in Miss Stimson's office.

Miss Stimson, at this time chief nurse of the American Red Cross in France, was in need of an assistant at the Paris Headquarters of the organization and Miss Hall was assigned to duty there on September 28, 1918. After Miss Hall's departure, Rachel Torrance, whose name is familiar to readers of this history in connection with Miss Hay's work in Sofia and Philippopolis, became Chief Nurse, American Red Cross in Great Britain. On October 1, 1918, fifty-seven nurses were on duty directly under the American Red Cross in Great Britain.

By November 11, 1918, the American Red Cross Commission for England had established six hospitals and three convalescent homes for the use of sick and wounded members of the American Military Establishment in England.[16] At the signing of the Armistice, the Chief Surgeon, Base Section No. 3, was conducting five base hospitals and four camp hospitals for the service of the American Armies in England.[16]

Of the number of American Army nurses, regulars and reserves, on active duty in Base Section No. 3, in October, 1918, Miss Leonard wrote:

> The largest number of nurses on duty at any time was five hundred and forty-seven permanent personnel, supplemented by three hundred nurses belonging to groups A and D and Base Hospital No. 57, en route to France, who were placed on duty in October, 1918, to relieve the situation during the epidemic of influenza. As even these additional nurses were insufficient, help was requested from the British War Office and one hundred members of the V. A. D. Nursing Service

[16] For a list of these hospitals, see Appendix.

were immediately placed at our disposal. During this time, there were more than one thousand emergency beds in use and every hospital was taxed to its utmost capacity.

Twenty-four nurses, largely British subjects trained in America, have been transferred from the American Red Cross to active service in the Army Nurse Corps through this office.

Miss Leonard reported November 15 to the Chief Surgeon in Tours to serve as assistant Director of the Nursing Service, American Expeditionary Forces in France. Annie G. Porter followed her as Chief Nurse, American Forces in England.

Immediately following the declaration of war by the United States, the British Government sent the Balfour Mission to Washington to confer with President Wilson regarding the coördination of the fighting strength of the two nations. One of the members of this mission was Sir John Goodwin, Colonel, Royal Army Medical Corps, and since 1918 Surgeon General of the British Army. He had been detailed by the British War Office for duty in the Surgeon General's office, United States Army. Upon the arrival of the Balfour Mission in Washington on April 22, 1917, General Goodwin requested that the Surgeon General assign immediately, if possible, six American base hospitals to service with the British Expeditionary Forces in France. The German submarine blockade, then tightening about the British Isles, made it inadvisable for the British War Office to attempt the transportation of their sick and wounded to England and this decision created pressing need for additional British hospitals in France. Moreover, some of the nurses and surgeons who had seen three years' continuous service on the Western Front, were greatly exhausted and casualties from disease were growing more frequent among their ranks. General Gorgas called upon the American Red Cross to muster into active duty six of the twenty-five base hospitals which were, on April 6, 1917, practically complete in organization, equipment and personnel.

The Lakeside Unit, Base Hospital No. 4, on April 28 was sent notification of impending mobilization. The Surgeon General did not call out the nurses' aides who had been attached to the base hospital units, but authorized that fifteen additional nurses should be selected from the reserve nurses already authorized and should go forward in their place. All nurses were instructed to report either to the Lakeside Hospital or to

Red Cross headquarters in New York City, if they were then located nearer the port of embarkation than Cleveland.

The reasons as understood by the Nursing Service of the Surgeon General for not assigning the twenty-five nurses' aides attached to each base hospital unit to active service were given in a letter written by Miss Noyes August 9, 1917, to Major Fred T. Murphy, director of Base Hospital No. 21:

> The decision against the use of our nurses' aides in France was rendered [by the representative] of the English Government. Their arguments appeared to us well-grounded. Briefly, they amounted to this: although the utilization of lay women of French and English birth was necessary because of the lack in France of a professional nursing body and an inadequate supply in England and although they had performed good service in many instances, their assignment had been considered upon the whole an unsatisfactory way of meeting the situation. Constant changes were necessary. Many of the nurses' aides, unused to hardships and long hours of work, had to be returned home. As the hospitals were not far removed from either Great Britain or the aides' homes in France, this was not difficult. It became, however, a different problem when the nurses' aides would need to be transported over three thousand miles of ocean. This, briefly, is the reason for the decision as rendered by our Government upon the advice of the French and English.

The chief nurse of Base Hospital No. 4 was Grace Allison and this history is indebted to her for an excellent report of the experiences of her unit. Miss Allison was born in Port Austin, Michigan. Following her graduation from the Lakeside Training School for Nurses, Cleveland, Ohio, she was for one year superintendent of the North Pacific Sanatorium, Portland, Oregon. In 1909, she matriculated at Teachers College, New York, but interrupted her work there from 1910 to 1911 to take the position of assistant principal at the Lakeside School for Nurses. She returned to New York in 1911 as superintendent of nurses at the Polyclinic Hospital and remained in that position for two years. In 1913, she again took up her work at Teachers College, received her B. S. degree in June, 1915, and went back to Cleveland as principal of the Lakeside School for Nurses. From this position, she was ordered with her unit into active service. Dr. Crile, it will be remembered, was the director of this unit.

Base Hospital No. 4 embarked May 8; Miss Allison reported the arrival of the unit in France:

> From Southampton we were transferred to the hospital ship *Western Australia*. Morning came and we lay at anchor in the Seine River. The fog had disappeared and the sun shone brightly. . . .
>
> Up to this time war seemed remote. As we passed small villages or lonely, thatched cottages with their groups of aged peasant folk with perhaps one or two young children or infants, we realized keenly how the three and one-half years of warfare had deprived them of their sons and fathers. Young women had gone forward to munition plants and factories. From a German prison camp hundreds of soldiers gazed with interest through a barb-wire fence upon us but I doubt if they comprehended the significance of the entrance of America into the war. Later one remarked, when seeing the insignia of the United States upon the uniform of an American officer: "America! And are you with us at last?"
>
> At the close of the day, May 26, we approached Rouen. As the ship steamed toward the dock, great throngs of people crowded to the wharf. Women dressed in mourning and children, with pale, emaciated faces and black aprons, presented a sad picture. Their cries of *"Vive l'Amérique!"* we will not soon forget.

After debarkation came a two mile march through the deepening twilight, then a trip in dusty ambulances and the unit finally reached its destination, No. 9 General Hospital, British Expeditionary Forces, Rouen, France.

No. 9 General Hospital was located in twenty-five long brown-stained wooden huts and many dun-colored tents lying in parallel streets. The buildings were surrounded by neatly-trimmed lawns and vegetable gardens. Near the administration building was a flag pole from which, upon the arrival on May 27, 1917, of this first contingent of the American Expeditionary Forces upon Allied soil, the Stars and Stripes floated for the first time with the Union Jack and the Red Cross flag.

No. 9 General Hospital was of twenty-two hundred and fifty bed capacity, with an emergency expansion which allowed for three hundred and fifty additional patients. The medical division consisted of ten large huts, each accommodating about forty beds. Potatoes were planted between the parallel rows of brown wooden buildings. This vegetable was hard to secure

in the French markets. The administration buildings, the operating-room pavilion, the patient's recreation and mess halls and the Quartermaster's department occupied the center of the hospital grounds. To the right was the surgical division, situated in fourteen tents and in ten huts similar to those of the medical division.

The wards differed from those of the American military hospitals chiefly in the type of furniture and supplies. Miss Allison wrote:

> The iron beds are painted black with a short head and foot piece so attached to the legs of the bed as to permit their being doubled under, making a flat surface which may be conveyed easily from place to place.
>
> The sheets are one hundred and five inches long. They are turned back over the blanket at the top of the bed and also folded uppermost at the foot of the bed for twelve inches. When a sheet is soiled at the top from coming in contact with the patient's food, it may be reversed, to provide a clean space at the head of the bed and prevent the soiled part, still turned uppermost at the foot, from coming in contact with the patient's feet. This device is necessary, not always because of the shortage of linen, but because of the great laundry problem. In many places in France, laundry is done on the stones adjoining a creek. Hot water seemed almost impossible to procure on account of the lack of fuel. Our soiled linen had to be transported forty miles by two large Army trucks.

The British Red Cross Society equipped the recreation hall with reading-tables, books, desks, newspapers, magazines and games; patients constructed a stage and painted the curtains and several "sets." The British Red Cross supplied soap, toothbrushes, treasure bags, buttons, washcloths, sweets, cigarettes, socks, gowns, binders, stationery, small pillows and other necessities to "Tommy Atkins." During the spring of 1918, American troops were brigaded with the British and the wounded of both nations were alike sent down through British bases for medical and nursing care. As American wounded thus occupied an average of 150 beds a month at No. 9 General Hospital, the American Red Cross established stores nearby and served these patients with cigarettes, chocolate, stationery and other comforts and luxuries furnished by the American Red Cross to American troops wherever they were detailed.

After a few days during which the Americans were learning the well-established routine of No. 9 General Hospital, the British sisters were withdrawn. On the morning after their departure, the bewildered American nurses found of the furniture which had formerly been in the nurses' quarters only a few boxes and some neatly-stocked bedding. It was their first intimation that the camp kit which the British War Office supplied each of its nurses was carried by them from one post of duty to another. This kit was composed of three army blankets and a large canvas bag containing a folding cot, a cork mattress, a washstand, a small table, a chair, a canvas pail in which to carry water, a lantern, an enameled plate, a drinking cup, a knife, a fork and a teaspoon. The practice was different in the United States. The American Army furnished the quarters of the nurses, rather than issued the articles direct to each nurse. But General Pershing's First Division had not yet landed in France and there was no one to furnish the quarters of these first American nurses assigned to British bases. However, the British Government came immediately to the rescue and supplied the necessary articles for the American nurses both at No. 9 General Hospital and at the five other bases to which American nursing personnel had been assigned. Mrs. Whitelaw Reid, of the London Chapter of the American Red Cross, sent each nurse articles of personal equipment, notably aprons. The practice of the British Army and the great need in the harsh climate of France for extra articles such as boots, sou'westers, ponchos and sleeping bags were important factors in convincing the War Council that the American Red Cross should issue complete equipment to nurses assigned to active service overseas.

Miss Allison commented upon the comfort and cheerfulness of their newly-furnished quarters:

> They consisted of five long wooden buildings, each accommodating eighteen nurses, and several small canvas-covered Armstrong huts. The night nurses' hut or "red-curtained hut" had crimson hangings cleverly arranged to shut out the light and to serve as partitions. In our cheerful living room, with its chintz-covered wicker furniture, piano and abundance of fresh flowers, afternoon tea was served daily.
>
> "Nurses' Mess," where we breakfasted usually on sardines, bread, butter, jam and coffee, was much more attractive than one might suppose from the bare wooden walls and cross-beam

ceiling. The floors were covered with plain brown linoleum. Eight large windows with pretty creton draperies and large white covered tables contributed much toward the cheerful appearance of the room.

The nursing staff of Base Hospital No. 4 was reënforced in July, 1917, by the arrival of additional nurses. A second detachment of seventeen nurses from Cleveland, Ohio, joined the unit in September of that year.

When the rigorous winter set in at No. 9 General Hospital, patients, surgeons and nurses suffered from the bitterly cold weather. Miss Allison wrote Miss Noyes January 7, 1918:

> Our water pipes have all frozen and for three days we had no water, except that which could be carried from a distance of a quarter of a mile. Our huts are only summer buildings and there is scarcely a room that the outside cannot be seen through many cracks in the walls. In the nurses' quarters we have provided oil stoves and in the mess hall we have two coal stoves.
>
> We are now on fifty per cent rations of oil, which means only a pint a day for each stove. This provides only about two hours of heat for our rooms out of the twenty-four hours. During the warmest part of the day, the temperature in the wards varies from thirty-two to forty degrees. The nurses are suffering from chilblains.

The work at No. 9 General Hospital followed the theory of military procedure as set forth in preceding sections. The wounded were carried on stretchers from the trenches to the nearest First Aid dressing station, which was located in as sheltered a spot as possible just back of the firing-line. After they had received treatment there, motor ambulances transported them to the nearest casualty clearing station. These stations were located from four to ten miles behind the first line trenches and usually consisted of four separate hospitals grouped near one another, each with its own complete organization. Patients whose wounds showed upon examination that immediate attention was not imperative, were rushed at once to the nearest base; others requiring immediate aid or operation were cared for at once at the casualty clearing station by surgical teams composed of two surgeons, an anesthetist, two nurses and two orderlies, sent up from the various base hospitals nearest the station.

From the casualty clearing station, hospital trains conveyed the wounded sixty to one hundred miles to the zone of the base. Ammunition trains, however, had the right of way, so that the wounded were often completely exhausted upon their arrival. Rouen was the clearing center for eleven British hospitals in its immediate vicinity. Here the deputy director, Medical Service, received information regarding all incoming cases, allotted as many new patients to each of the hospitals in his zone as their free beds would accommodate and informed each base of the type and number of cases they might expect within a given time. The reception of patients was described by Miss Allison:

> When the ambulance trains arrived at the station, they were met by automobile ambulances, to which the wounded were hurriedly transferred and taken to the particular hospitals to which they were assigned. The main roadway was often lined for a distance of three or four miles with ambulances coming and going. The procession continued for hours.
>
> The convoy bugle call at the hospital announced the approach of the ambulances. Old sight-seeing cars, such as we formerly saw in our cities before the war, were usually the first to appear and were filled with the walking wounded. These patients, assisted by those less seriously wounded or by orderlies, hobbled out and were assigned to regular quarters as "walking convalescent patients." The dressing of their wounds was done in a separate department. With the assistance of orderlies and convalescent patients, 300 dressings a day were often done by three nurses.

The arrival of stretcher cases necessitated intense activity on the part of nurses and orderlies. Miss Allison continued:

> From the admission hut, the patients were quickly despatched to the wards, where they were carefully placed on the beds, over which convoy blankets had been spread. These beds were screened off and the orderlies bathed each wounded man. Hot liquid nourishment was then provided, though the patient often had to be awakened from the sleep of utter exhaustion.
>
> Nurses cut down all dressings for the inspection of the surgical staff. Some patients, who had lain in shell holes without medical attention, came with wounds infected with maggots; others were admitted who had lost both legs, while

> still others were found with great pieces of muscle and flesh torn away by shell and shrapnel. . . .
>
> With eyes swollen and discharging, the body covered with blisters and apparent discomfort in the respiratory tract, the gassed patients presented one of the saddest sights. They expectorated quantities of blood and nearly all were unable to speak above a whisper. In a single day, seven hundred came to our hospital.
>
> A ward often admitted as many as twenty new stretcher patients at one time. Two nurses were usually assigned to the medical service and perhaps three to the surgical division of each hut.

One of Miss Allison's descriptions brings up the picture of another woman who sixty years before at far-away Scutari ministered to England's wounded:

> Nursing at night was extremely difficult; few lights were permitted, owing to the frequent air raids. The night nurse inspected the dressings, going from bed to bed with a lantern shaded to prevent the light from being seen through the windows. One nurse detected eight hemorrhages in a single night. Not one patient at this base has met death for reason of delay in recognizing a hemorrhage. One instance occurred where the life of a Tommy was saved by a nurse who made constant pressure with her bare hand buried deeply in the wound until assistance arrived.

Evacuation of convalescents occurred almost nightly. Each patient was given clean linen, warm covering, fresh dressings and hot food before his stretcher was hoisted into an ambulance for "Blighty." But the closing of the Channel to clear it of mines sometimes disrupted this smoothly running process by which England cared for the wounded coming back from Ypres, Hooge, Loos, Amiens and the Somme.

Never at any time was the work light at No. 9 General Hospital. Air raids added to the strain of crowded wards and seemingly endless convoys. Miss Allison described the bombing of the British bases:

> As the firing line drew nearer, we often experienced five successive night raids in one week. When notice of an approaching plane was received, the electric power was entirely shut off. Even smoking and the use of torches was strictly

forbidden in all areas. The wailing siren or pop of an anti-aircraft gun was usually the first signal.

All nurses were required to dress quickly and remain in quarters as a protection from the falling shrapnel, until ordered to the *abris*. Rouen was well fortified with anti-aircraft guns and they contributed deafening sound during a raid.

Often we were obliged to go to the *abris* dug for our protection. Only twenty-five per cent of our personnel were issued trench or steel helmets. Those having none sought the use of water pails, wash basins or similar devices, as a head covering. When we arrived muddy and wet in the trenches, there was nothing to do but wait, watch and listen. In looking above and around the city, we could see in the distance pairs of sausage balloons suspended at different heights in the air. Between each a cable was stretched, cleverly devised to catch the wings of a plane which, if entangled, would drop to earth. Amid the sound of the anti-aircraft guns we could distinguish the destructive roar of an exploding enemy bomb. Each plane usually carried six bombs, so it was comparatively easy to follow its general direction. Occasionally a rocket illuminated the ground for a wide area. At other times incendiary fires in the petroleum tanks, thought to be the work of spies, burned for twenty-four hours.

Some nurses did not even have the protection of a water-filled trench. Night nurses and officers remained on duty through all air raids to assist in any emergency. Each hut was barricaded with sand bags which protected it effectively in case a bomb dropped between the buildings. The sand bags were of no use, however, in case of a direct hit. Miss Allison wrote that "it was surprising to find how little fear was felt during the apparent danger. One learned to become a fatalist and to hold oneself in readiness for any happenings."

As increased activities in the zone of the advance made necessary the presence of additional surgeons, nurses and sanitary soldiers in casualty clearing stations and evacuation hospitals at the British Front, mobile hospitals and professional teams were organized from among the personnel of base hospitals in the rear. Happy indeed was the nurse whose skill sent her forward to the line! Miss Allison described this type of service:

During the summer of 1917, Mobile Unit No. 5, consisting of about ten officers, twenty nurses and thirty corpsmen, was

temporarily detached from Base Hospital No. 4 for service nearer the front. Betty Connelly, of Cleveland, was chief nurse. This unit, with its complete equipment for a five hundred bed hospital, was transported from place to place by trucks especially designed for the purpose. At one time this supplemented the bed capacity of an over-crowded hospital and at another maintained itself as an independent institution near the firing line.

Canvas tents were stretched over a steel framework, which not only held the structure securely, but offered the advantage of having no center posts which so often obstructed the passage way. Each bed was apportioned a 15″ x 15″ window. The wards were connected by canvas-covered corridors, which also joined all necessary departments of the hospital. The sterilizing plant was made stationary on a truck which formed one wall of the operating-room. Permanently fixed on this truck was a fire box, a boiler and instrument and dressing sterilizer. A small room adjacent was fully equipped for the necessary X-ray work and permitted the patient being wheeled in on the operating-room table and out again. A laundry was also established on two adjoining trucks. On the one was the firebox, boiler, washer and extractor and on the trailer was the dryer with a small stove in the rear.

Hospitals are primarily places of life and death. The work of caring for the dead was as inexorable as that of caring for the living. Miss Allison described the burial of soldiers who died at No. 9 General Hospital:

At the far corner of the base was situated a small building in front of which was a mound surrounded by flowers and an ivy vine which climbed up over the windows. A narrow pathway led into a small mortuary. Against the white board walls rested a flower-decked altar.

Many of our Tommies and American boys found here rest after the days of battle. Burial services were conducted in the small chapel within the cemetery grounds. Every afternoon rough coffins were carried there upon the shoulders of eight British or American soldiers and lowered into a deep trench, three coffins, one upon another. Often a single relative had arrived from England and stood alone in her grief except for the nurses accompanying her. The chaplain read the simple service, the three volleys rang out and the cadence of the "Last Post" came echoing sweetly back. The aching of those lonely hearts was usually too deep for tears.

During the first twelve months in which Base Hospital No. 4 was stationed at No. 9 General Hospital, 82,179 patients were cared for by the Americans. The largest single day's work was that of March 27, 1918, when 1125 patients were convoyed in and out.

Overlooking the English Channel, midway between Calais and the mouth of the Somme, lay the French village of Dannes Camiers, the destination of United States Army Base Hospital No. 5, organized at the Peter Bent Brigham Hospital and at Harvard Medical School, Cambridge, Mass.

The second of the Red Cross base hospitals to go overseas, this unit has been termed both the Peter Bent Brigham Unit and the Second Harvard Unit. It will be remembered that the first Harvard Unit had been organized without assistance from the American Red Cross and had been assigned during the spring of 1915 to service at No. 23 General Hospital, British Expeditionary Forces. To avoid confusing Base Hospital No. 5 with the first Harvard Unit, it will be designated in this history, when its military appellation is not used, as the Peter Bent Brigham Unit.

Dr. Harvey Cushing had organized this unit and was its director. Colonel Robert Urie Patterson, formerly chief of the Red Cross Bureau of Medical Service at National Headquarters, was detailed by the Surgeon General as commanding officer of Base Hospital No. 5 after it was mustered into the Medical Corps and he led the unit into foreign service. Carrie M. Hall was chief nurse. Following her graduation from the Massachusetts General Hospital, Miss Hall was superintendent for four years of the Margaret Pillsbury General Hospital, Concord, New Hampshire. She then entered Teachers College for a course in training school administration. In 1912 she became superintendent of the Training School of Peter Bent Brigham Hospital, of Boston, and remained in this position until as chief nurse she was ordered with the Peter Bent Brigham Unit into active service.

The personnel of Base Hospital No. 5 mobilized in Boston on May 6 and sailed from New York five days later. Upon their arrival at Dannes Camiers on May 31, they took over No. 11 General Hospital, British Expeditionary Forces, a well-established British base of two thousand beds.

In organization and in work, No. 11 General Hospital closely resembled the type of institution which has been de-

scribed in the section which recounts the experiences of the Lakeside Unit. No. 11 General Hospital was housed, however, chiefly under canvas.

Of the ten thousand American nurses who served with the American and British Expeditionary Forces during the European War, only three were wounded in line of duty. One of the three was Eva Jean Parmelee, a member of Base Hospital No. 5. She described the air raid which brought the first mortalities to the Americans at Dannes Camiers:

> On a bright moonlight night, September 4, came our initial experience with bombs. It was 10:30 P.M. and my two long tents were absolutely quiet. Our lights, controlled by a central switch, had no sooner winked out than the siren of the cement factory blew its air raid warning. My orderly, Oscar Tugo, came running from his supper; I met him in the road in front of our two tents. Suddenly above us we heard the hum of the planes, saw a sputtering streak of sparks drop from the sky and Tugo cried out, "Why, they're here!"
>
> After a deafening report, I found myself in the ditch. The choking, sulphurous smell and the noise made me feel as if I were being stirred up in a great bowl of reeking gunpowder. Four more reports followed and I said to myself: "We're done for—they're wiping us out!"
>
> Then I heard the calls of the wounded: "Sister—Sister!" I jumped up and flashlight in hand (for we clung to our lights) ran to the tent door. A glance showed the nearest man to be bleeding badly. Doctors, nurses and men with stretchers were arriving. . . . I crossed over to the other tent and found the whole front section had been blown up, beds, lockers, floor and all. Not a patient was in sight. Though wounded, however, they were all living and had been placed in other wards. In the officers' quarters and the reception tent, seven of the command lost their lives and several were gravely wounded. Tugo, my orderly, had been killed. I escaped with two tiny face wounds and a black eye, though shrapnel had torn my skirt and apron and cut away my wrist watch so that only the strap remained.

The Peter Bent Brigham Unit was transferred November 1, 1917, to Boulogne-sur-Mer to take over No. 13 General Hospital, British Expeditionary Forces. Here during the spring and summer of 1918, they shared the hard service which all the British hospitals experienced.

On the great cliffs above the fretful Channel at nearby Étretat, U. S. Army Base Hospital No. 2, organized as the Presbyterian Hospital Unit, New York City, took over on June 10, 1917, No. 1 General Hospital of the British Expeditionary Forces. Dr. George Emerson Brewer was director of the unit. Miss Maxwell had organized the nursing staff but Janet Christie, her assistant, accompanied the unit as chief nurse when it was ordered into the field. Mrs. Christie was a graduate of the Presbyterian School of Nurses and for thirteen years had served in various executive capacities at this institution. She was among the first hundred nurses who had been enrolled in 1905 in the American Red Cross.

Étretat, the Hamlet of the Setting Sun, had been a favorite resort for artists and authors, because of the beauty of its crescent-shaped beach and its high cliffs overlooking the Channel. The many hotels and villas were requisitioned during the war for use as hospitals. No. 1 General Hospital was located in the Casino and in various hotels. A large private house formed an officers' hospital. A newly-built villa, charming both in architecture and in location, was fitted up by the British Army as a home for sick nurses.

During the German offensives of March-July, 1918, this hospital received between sixty and seventy British and American nurse refugees. As the German lines were advanced, many of the casualty clearing stations and evacuation hospitals of the Allies were bombed and shelled completely out of existence. The nurses and surgeons had been working night and day to care for the greatly-increased numbers of wounded and when the lines broke under savage assaults of the enemy, the nurses fell back to Étretat in a state of almost total collapse.

United States Army Base Hospital No. 2 sent forward operating teams during 1917 and 1918 for service at casualty clearing stations on the British Front. Anne Penland, who had been anesthetist at the Presbyterian Hospital, was sent up with the first team and held the honor of being one of the first, if not the first, nurse anesthetists to go officially to the British Front. Major Darrach, of the Presbyterian Unit, was one of the surgeons to take up a team and he told the incident by which Miss Penland won the confidence of the British officers. When they arrived at the casualty clearing station, the British officer asked, "But where is your anesthetist?"

Major Darrach indicated Miss Penland, a small, quiet woman.

"But often there are eight or ten patients at once, big chaps," expostulated the Britisher, "And they struggle!"

"Wait and see," promised Major Darrach.

During a lull in the work which followed, the British officer came back to Major Darrach, praised Miss Penland's work and concluded, "But she always seems to draw the quiet, peaceful chaps."

"Come and see why," suggested the American surgeon.

They approached the table where Miss Penland was anesthetizing a broad-shouldered Tommy who seemed inclined to fight the ether. Miss Penland leaned over and murmured soothingly:

"There, dear, it won't hurt you a bit,—there,—there."

At the sound of her low, distinctly feminine, southern voice, the Tommy looked up in surprise, then grinned with perfect confidence and "went under" without a struggle. So successful was her work that the British decided to train their own nurses for this service and thus relieve several hundred doctors for medical and surgical work. Several hospitals in the Rouen and Le Tréport areas, among them No. 1 General, were chosen as training centers for these British nurses.

Other operating teams were sent forward during the winter and spring of 1918. Twenty-three nurses of Base Hospital No. 2, with Jane Rignel as chief nurse, were detached from the staff at No. 1 General Hospital at Étretat and were sent forward to the American Front to form the nursing staff of Mobile Hospital No. 2, American Expeditionary Forces.

No. 1 General Hospital drew patients largely from the Third Army Sector of the British Front and evacuated them by ambulance through Le Havre. French, Italian, Colonial, East Indian, Arab and Portuguese wounded, and American wounded after the First Division had entered the lines, found rest and care in the seven hotels which the British Army had equipped as hospitals. The personnel of Base Hospital No. 2 were always busy. In transmitting a communication to National Headquarters, Mrs. Christie summarized their work in a few words which pointed to the most worth-while service that war nurses can give: "Our experiences were not spectacular in any way. We occasionally heard guns and got our warnings, but the greater part of the time we simply had steady, hard work."

Though the Presbyterian Unit was located well behind the lines, both casualties from air raids of the enemy and death from overwork and exposure brought to its members a realization of

the sadness of war. Beatrice Mary MacDonald, a member of this unit, was the first American nurse to be wounded in the European War. She had been sent forward as a member of a detached team to No. 61 Casualty Clearing Station, near St. Sixte's Convent, Belgium. Seven surgical teams, five British and two American, were on detached duty here during July, 1917; the two American teams had been organized from the Presbyterian and the Pennsylvania units. Helen Grace McClelland, a nurse serving with the Pennsylvania team, described the air raid of which Miss MacDonald was a victim:

> Miss MacDonald and I had been relieved at 4 P.M., August 17, 1917, and were expected to report for duty again at twelve. We had been asleep and were awakened by the humming of German motors. I looked at my watch to see if it were time to go on duty, but it was only 10:15 P.M. Then the bombs began to drop. We reached for our tin hats which we always kept hanging with our gas masks on the cot. I put mine on the side of my head and covered up again. Miss MacDonald was slightly raised on her elbow when two bombs struck the cook house nearby and a piece of shrapnel came through our tent wall and penetrated her eye; another piece struck her cheek. Two English nurses were also wounded and the nurse in the tent next to ours was thrown out of bed by the concussion.
>
> Our tent was about twenty-five or thirty feet from the place where the bombs struck. In the field alongside our compound, there was a row of five holes where they had dropped their bombs. Even with my eyes closed I had seen the flashes from the explosions. The concussion was terrific and things came flying through our tent, tearing great holes out of it. The cook, who had just returned that day from leave in England, was blown to pieces.
>
> The officers, who had been in their mess tent when the bombs struck, came over at once, calling: "Are any of the Sisters hurt?" I answered, "Yes," and two of them entered with flashlights. Miss MacDonald was then placed on a stretcher and taken to the operating-tent for a more thorough examination. As there was an ambulance train on the track then being loaded for the zone of the base, she was put on it and it was ordered to Boulogne, the ophthalmic center.

Although Miss MacDonald lost the sight of her right eye, she returned to duty at Boulogne and remained in service with her unit until two months after the Armistice.

Fourteen base hospitals served during the winter of 1917-1918 in France; six of them were attached to the British Expeditionary Forces and eight to the American forces. All of the nurses found the rigorous climate and the heavy work a more severe test of their stamina than the bombs of enemy raiders. First one nurse and then another, among the staff of one hundred in each hospital, grew sick during the bleak winter months and here and there in the British and American bases, a nurse died and was buried with military honors. The following account of the funeral of Amabel S. Roberts, a nurse and a member of the Presbyterian Unit, was published in the Military Number (May, 1918) of the *American Journal of Nursing:*

> At 6:15 P.M. on Thursday, January 17, 1918, Amabel S. Roberts, reserve nurse, Army Nurse Corps. . . . No. 1, General Hospital, Étretat, France, gave up the life she had devoted to the service of others. Her illness, one of the most deadly of infections, had lasted barely three days.
>
> . . . The services were to be held at the Blanquet, the nurses' quarters, and in a moment the narrow street was choked with troops who formed in a long double rank on either side of the street leading to the gate. For fifteen minutes the men stood at attention while the simple services were being held inside the Blanquet and then the leaden casket was brought out and placed on a stretcher carriage covered with flags. The carriage moved slowly down the street between the two ranks of men who uncovered their heads as it passed. As it reached the end of the lines, the files telescoped on themselves and fell in behind.
>
> It was an impressive procession. . . . The masses of flowers that buried the casket flamed against the somber background. . . . The dark blue uniforms of the nurses blended with the blue and leather of those of the ambulance drivers and both were relieved by the flowing white head-dresses of members of the V. A. Ds. And then came the olive drab as the officers marched past, heading the solid ranks of men in a long column of fours, with the horizon blue of the *poilus* following. One felt sure, somehow, that she would have been glad to know that the *poilus* were there. They were all wounded and some of them hobbled along on sticks while one or two gave an arm to a comrade who had risked his strength to come. . . .
>
> More khaki as the British marched and then the patients. Some of them wore uniform coats, but most of them were in

blues, that strange ill-fitting garb of the convalescent. After these came all Étretat, women and old men unfit for service . . . in clumping wooden shoes, some leading little children, the lame, the halt and the blind, the old and the weak,—they knew of bitter experience and they could sympathize. It was not an impersonal sorrow that the French gave. They had known her. . . .

Some of us have felt from time to time that in this old world we have found only a land out-worn, devitalized and cold, but as the funeral procession of our sister passed through the narrow streets between the rows of Norman houses with their gabled roofs, that feeling changed and there was comfort in the change. One felt a sense of sheltering protection, the promise of a mother old in the ways of pain,—that she would care for that which we bequeathed her until such time as we could claim our own. Through the outskirts of the town the column went, past the old Norman church with its strong, restful lines, and into the cemetery.

There, beyond the civilian portion with its crowded tombs and quaint head stones, upon a little slope above the rest is a phalanx of black wooden crosses which mark the resting places of those who have died that a better world might come into being. Here the procession halted. A grave had been dug in the center, between the two larger plots. Far off in one corner of the cemetery lay a German, a prisoner of war, and one felt that in the great democracy of death, all war had been forgotten.

At the foot of the grave stood Padre Johnston; at the head and on the upper side were grouped the nurses. Further up were the officers and behind them and extending down behind the nurses were the enlisted men of all nationalities. The sun shone warmly and a soft wind came up from the sea. The beautiful service of the Church of England was read through. . . . At last the pall bearers stood clear and the buglers stepped forward. Taps were blown for the first time in Étretat over an open grave. We had become so used to the "Last Post" that we had almost forgotten the real beauty of Taps but now its piercing sweetness struck home. . . . "Go to sleep. Go—to—sleep." It was an end and a beginning.

A plain wooden cross will mark her grave, a cross differing in nowise from the crosses which surround it, except in the name painted in white upon its arms. It was suggested that some more elaborate memorial might be fitting but surely none could fit so well. It is a soldier's cross for one who died like a soldier.

No. 16 General Hospital, British Expeditionary Forces, was located at Le Tréport, France, an hour's journey by motor from Dieppe, and was the destination of U. S. Army Base Hospital No. 10. The personnel of this unit had been chosen from among the alumnæ and the staff of the Pennsylvania Hospital, Philadelphia, Pa. Dr. Richard H. Harte was the director and Margaret A. Dunlop was the chief nurse.

Miss Dunlop was a veteran in war service. The daughter of a Connecticut clergyman, she was educated at Normal College, New York City, and at the Presbyterian Hospital, Philadelphia, Pa. For ten years she was assistant directress of nurses at the Presbyterian Hospital. She became Matron and superintendent of nurses at the Pennsylvania Hospital in 1909. Immediately following the declaration of war in August, 1914, the American Ambulance called her to Paris as chief nurse. Upon her return to the United States in 1916, she organized the nursing staff of Base Hospital No. 10. Her strong, energetic personality, her initiative and her ready humor made her admirably fitted for war nursing.

The Pennsylvania Unit mobilized on May 6, 1917, in Philadelphia and sailed on May 19 from New York with the St. Louis Unit on the S. S. *St. Paul* bound for Liverpool. Miss Dunlop marshalled her nurses in orderly formations which would have done credit to a veteran sergeant of the United States Regulars. The nurses of the unit were divided into different groups, each with its group leader who received all orders for the nurses in her section directly from Miss Dunlop and who was responsible to Miss Dunlop for the promptness of the nurses of her section, for the appearance on time of the baggage and for all other matters which related to her section. "Never during the many days of travel," wrote Miss Dunlop, "were we hampered by unpunctuality or disobedience."

The Pennsylvania and St. Louis units were the third and fourth branches of the American Army to arrive in London and the reception which the British gave them was cordial indeed. Hospitable Londoners took the nurses sight-seeing in the day time and asked them to the theaters every night. Pedestrians noticed the nurses' uniforms on the street, stopped them to point out places of historical interest and insisted on taking them off to tea. One of the doctors of the Pennsylvania Unit laughingly said that "from the time the employees of the Pennsylvania Railroad cheered them in Jersey City until their

arrival in France, the whole journey was one long glorification for the nurses!"

This cordial reception helped greatly to unify the British and American groups. Miss Dunlop wrote that "the period in London seemed to us at first a wonderful joy ride, but later the wisdom of the scheme was understood. It brought the American units who were to work with the Allies into a bond of kinship and good feeling which perhaps could not have been produced in any other way."

The Pennsylvania Unit left London on June 8, bound for Southampton and France. They arrived at Dieppe at one o'clock in the morning of June 11 and found waiting for them British "chauffeurines" with their ambulances. The Americans were driven through the mud and rain to Le Tréport and arrived at two o'clock at No. 16 General Hospital, British Expeditionary Forces. Miss Dunlop wrote Miss Noyes that "the Matron was one of God's own; she and her nurses turned out and gave us their beds. We were a sorry lot, without even hand luggage."

No. 16 General Hospital was composed of eight low huts which comprised the nurses' quarters, thirty-six long brown-stained wards, nine huts and seven tents called barracks where walking cases were housed and numerous temporary buildings of the isolation department. As it was located in one of the most forward points of the British Zone of the Base, it was always busy. During the first week the Americans were in charge, the hospital with a staff of sixty-five nurses and eighteen members of V. A. Ds. received fourteen hundred patients, many of them heavy surgical and mustard gas cases. The gassed soldiers evoked the keenest sympathy. Miss Dunlop wrote:

> These patients were horrible pictures of misery. They poured upon us in great numbers, six hundred in less than forty-eight hours, and their sufferings were pitiful to see, but their bravery, unselfishness and fortitude stiffened up our own courage at this our first soul harassing introduction to the indescribable barbarity by which war is inflicted upon the individual soldier. Being untrained to the handling of such large numbers of wounded and not yet inured to the immensity of the work, it was a tremendous strain on the minds, hearts and bodies of the medical and of the nursing staff. Of necessity, the nurses had many dressings to do. They soon grew expert. Our patient's one answer, when we asked even

the desperately wounded if they were in pain was always: "Not too bad, Sister."

During that summer of 1917, we had our baptism of horror and work, but after a few months the whole unit settled down to the inevitable. As we grew more efficient in handling large numbers of wounded, we grew less fearful that we would not prove equal to the tasks demanded of us.

Late in July, 1917, the surgical teams, each composed of a surgeon, an anesthetist, a nurse and an orderly of Base Hospital No. 10 were sent forward from No. 16 General Hospital for duty in casualty clearing stations at the British Front. Helen Fairchild [17] and Helen Grace McClelland were the nurses chosen for this coveted assignment. The team left the base at six o'clock on July 21 in ambulances driven by British "chauffeurines." Their first stop was at Abbeville; they then proceeded on to Hesden where they spent the night at a hotel which had formerly been a hunting lodge of one of the Bourbons. The V. A. D's. who drove the British ambulances were not allowed to go to the front, so the surgical teams proceeded forward the next morning with new drivers. Miss McClelland wrote:

After we had left Hesden, the ambulance ahead of us had some tire trouble so we stopped on the crest of a high hill beyond the forests and saw miles away a puff of blue smoke from one of the big guns and knew before long that we would see some of the destruction and agony which they were causing.

We had dinner at Steenwoorde. The town was filled with Belgian troops and we soon caught up on the road beyond with great numbers of Portuguese soldiers. From this point on, we saw more and more of the tremendous numbers of men and the vast amount of material which are demanded by war. Here were thousands of pontoon bridges for use in the drive to cross the Canal at Ypres; here were British Tommies with that tired, questioning look on their faces, that look which we saw later in the eyes of all those who had bitterly come to know, as the Tommies said, that "a bit o' war was on."

The traffic now became more congested and we were allowed to travel only on certain roads. Poperinghe was being shelled at certain hours, but we found everything quiet

[17] Died in line of duty: see Appendix: Deceased Nurses.

there. We proceeded on to Proven and finally reached our station, near St. Sixte's Convent in Belgium. Miss Fairchild went on with her train to No. 4 Casualty Clearing Station, and I to No. 61 Casualty Clearing Station. The next afternoon Miss MacDonald, of the New York Presbyterian Unit, arrived. From the way we greeted each other, the British sisters thought we were old friends, but we had not known of each other's existence until we met there at the front.

Surgical teams usually went up to casualty clearing stations for duty lasting about forty-eight hours. The nurses cared for men injured in a particular drive and then returned to the base. They were, therefore, instructed to travel with as little baggage as possible. Five weeks passed before the American nurses were able to get more than the forty-eight hours' supply of clothing which they had brought with them. During these weeks, they did their own washing after they came off duty and hung it to dry on tent ropes. The commanding officer happened one day to notice what was happening and sent a special car to the base to get additional clothing and the nurses' mail.

Miss McClelland described the work at No. 61 Casualty Clearing Station:

> There were seven surgical teams, five British and two American, besides the regular staff of officers and sisters. Four teams were assigned to day duty and four teams went on at night until a "push" began, when the schedule was changed and the teams would work for twelve hours, go off for eight and come on again for twelve. There were five operating tables in a Nissen hut and two others in a large marquee. The two American teams were on duty at the same time and our tables stood next to each other in the hut.
>
> When the first big drive came on, no one felt like going off duty while the men were still pouring in on us. One day we worked for twenty-four hours, stopping only for something to eat. After cleaning up our tables, we went to bed at 2 A.M., but were back on duty at 4 A.M. for another twelve hour shift.
>
> We who were new to the front were greatly impressed at the efficient way in which the work was carried on during the drives. Those needing operation went directly to the preoperating tent; those suffering from shock were sent to the resuscitation tent; chest cases to their section; officers to their tents. . . .

> During a drive there were always ambulance trains on the tracks waiting to be loaded. Only the worst cases were brought into the clearing stations; the others were taken directly onto the trains, which carried a certain number of cot cases and a certain number of "walkers." As soon as its quota was complete, the train was sent down to the base.
>
> Bairnsfathers' picture of a casualty clearing station, showing the men on stretchers, most of them asleep, is very good. Even those who were horribly wounded slept the sleep of utter exhaustion.
>
> I shall never forget those men; they never had a word of complaint. When you asked them if they were suffering much pain, they would answer: "It's drawing a bit, Sister." When a lad would say to the doctor who was examining him, "Do you think it will be a Blighty, sir?" the hope in that boy's eyes made your heart ache,—you knew how badly he wanted to get back home, away from filth, agony and destruction for a little while at least.

Miss McClelland and Miss MacDonald worked together at No. 61 Casualty Clearing Station until Miss MacDonald was wounded August 17, 1917. After the latter had been sent back to Boulogne, Miss McClelland was the only American nurse at No. 61. She wrote of the consideration which the British nurses showed her:

> As soon as Miss MacDonald left, our team began work again. I missed her a great deal and it was several weeks before another nurse from her unit came to take her place. The Matron in charge of No. 61 was most kind and thoughtful to me. She would say every day: "Well, Miss America, haven't you had enough and don't you want to go back to your base? . . . I learned to understand and love the English. My previous ideas of them had been formed purely from American history of the Revolutionary period. I shall never forget the unselfish devotion of those British Sisters to their work and their kindness to me.

In the meantime, the nursing staff at No. 16 General Hospital at Le Tréport had been augmented on September 22, 1917, by the arrival of thirty nurses under the leadership of Marie Eden. Miss Dunlop wrote that "during the winter months, the intense work slackened, the armies sitting tight in the trenches with only desultory fighting, and the number of patients in the hospital ran down as low as eight hundred on

one day." The nurses then turned their attention to the amusement of their patients.

After the Treaty of Brest-Litovsk had been signed on March 3, 1918, the German High Command came into possession of huge quantities of material and large numbers of men which could immediately be transferred from the eastern to the western theaters of war. As a skeleton for the new divisions to be formed from the troops released from the Russian frontiers, the German High Command withdrew from Russia all the soldiers between the ages of twenty-five and thirty-five and formed them into approximately sixty new divisions of 12,000 men each. This gave the Germans on the Western Front a numerical increase of about 700,000 men.

The German High Command selected for the initial attack the point where the British and French lines joined in Picardy, between Marcoing, near Cambrai, and the Oise River. The British had taken over this battle-front from the French at the beginning of the year 1918 and were endeavoring to hold a line of about fifty miles in length with the British Fifth Army, which totaled about 170,000 men. With approximately 750,000 men, the enemy struck a supreme blow here at five o'clock on the morning of March 21, 1918. The line broke and the Allied cause hung in the balance while the fresh German divisions the following days swept down along the road to Péronne and Albert, along the direct route from St. Quentin to Amiens and down the Oise River valley along two roads, one of which led to Paris and the other to the south of Amiens. On March 24, the enemy took Péronne and crossed the Somme; on March 25, he captured Bapaume, Nesle and other villages; on March 26, he crossed the old battle-line of 1916 in several places and captured Noyon, Roye and Lihon. The next day saw the first perceptible signs that the German advance was slowing up, but by the 28th of March, the Germans had established a thirty-five mile salient towards Amiens, the British base of supplies. Some sixty miles directly south lay Paris.

With the Germans eight miles from Amiens, the situation of No. 16 General Hospital became threatening. The big base was crowded with patients, the great majority extremely serious cases. On one night, when there were 159 patients on the "dangerously-ill list," an evacuation occurred which may well serve as a splendid example of modern medical and nursing skill. Miss Dunlop wrote:

. . . With 2200 patients crowded in the hospital, we were notified that a train which would bring down 320 patients would be expected to take away 300 others. This meant removing many ill patients from bed, placing them on stretchers and getting the beds ready for the incoming 320. At midnight with rain coming down in torrents, with the floors of the wards covered with the stretchers of the 300 outgoing patients, with orderlies filing in with the first newcomers, with the friends of the 159 dangerously-ill patients arriving from England and with the lights suddenly going out all over the camp, our wards presented a scene never to be forgotten.

By the dim glow of lanterns, in this chaotic time when order seemed to be an impossibility, through the steady, quiet routine of officers, men and night nurses, the camp grew quiet, order was restored and the work was accomplished by three o'clock, a feat that would have seemed appalling to us the previous year. Things that seem to stand out in my memory of that night are the fortitude and bravery of the severely-wounded coming down; the patient, uncomplaining attitude of the sick men suddenly taken from their warm beds and sent out into the rain; the efficient handling of the numbers of patients by the men and the nurses; the quiet, repressed attitude of the friends of the dying.

On March 21, 1918, Base Hospital No. 10 sent forward Casualty Clearing Station Team No. 28, of which Isabelle Stambaugh was the nurse member. After a hasty evacuation of the team from No. 32 Casualty Clearing Station at Marchelepot, near Péronne, Miss Stambaugh was assigned for temporary duty at No. 42 Stationary Hospital at Amiens. Here on March 23, 1918, she was severely wounded by a piece of shrapnel during an air raid. The attack was described by the officer in command of her team, Captain Edward B. Hodge, who wrote as follows:

We went back to the hospital, Captain McKenzie of the Canadian team with us, as we had learned that our nurses, Miss Stambaugh and Miss Patterson, had been working there since leaving No. 32 Casualty Clearing Station on Saturday. We found them just leaving to spend the night in No. 3 branch. . . . The first bombing flight had been over and it seemed a good time to move. The Matron herself was going. While walking along a broad boulevard about half way to our destination, more bombers came over and dropped four bombs in our block.

> After we had extricated ourselves from the fallen glass and plaster, we found every one had a wound in leg or foot, except Captain McKenzie. At first we feared that he was killed, he was lying so quietly in the gutter. Later it appeared he was only stunned. An ambulance took us back to the place we had just left. The chaplain gave up his room to the nurses, whose wounds were the most serious, and we found a place for Captain Dillard in a ward. Major Hodge arranged for removal of our casualties by ambulance convoy next day to Abbeville. The nurses were later evacuated to England. . . .[18]

Meantime in the Le Tréport Area, orders had come for transfer of all patients at Base Hospital No. 10 to Rouen. Miss Dunlop wrote:

> This meant the evacuation of over ten thousand men in two or three days. As many of the patients had but small chance of living under the best of conditions, it seemed a heart-breaking thing to do. However, orders must be followed and irrespective of condition, they were sent back, though nine died en route. An order came at ten one morning that forty-five nurses should be ready, bag, bedding and baggage by twelve o'clock to be sent out of the area. Fifteen under Mrs. Eden were sent to the Cleveland Unit at Rouen and fifteen under Miss Gerhard went to the St. Louis Unit also at Rouen and fifteen under Miss McNeal fell back to the New York Unit at Étretat. After much hurry and bustle and much excitement, not knowing whether we should meet again or what might happen during their absence, they got off.
>
> The remainder of the nurses were ordered to be packed up ready to evacuate with heavy baggage, light baggage or no baggage. Anxiety was in every heart but we made little outward show. Time went on and the Germans were held. After two weeks' suspense, a few patients were sent to us and we were told to carry on without equipment. Little by little more patients came, more equipment was opened up until we were running full capacity again. Our nurses soon returned and a new peace crept into our hearts. The tide had turned and the patients coming down were no longer silent. . . . Even the badly wounded seemed in the best of spirits.

March 26 had been the decisive day of the Second Battle of Picardy. French reënforcements came up along the southern front and united with the British at Moreiul. The same day saw the organization of a new British Army, under General

[18] "History of the Pennsylvania Hospital Unit in the Great War," p. 163. Paul B. Hoeber, New York, 1921.

Sandeman Carey. This Army was composed largely of laborers, sappers and engineers and it was flung immediately into the trenches to hold the gap made by the Germans. For six days, it fought over unknown ground, with officers in charge of men they had never seen before, until reënforcements could be brought up and the line made permanent. The action continued during the first week of April, but the Germans failed to smash the sides of the Amiens salient and the Second Battle of Picardy ended with the German plan in the main frustrated and the British and French still united in strong defensive positions.

Out of the disastrous Second Battle of Picardy and out of the subsequent demoralization and almost complete defeat of the Allies came the unity of command of the entire Allied and American forces under Marshal Foch,—for the first time in the European War, the Allies were in a position to present, in the words of Painlevé, "a single front, a single army, a single nation . . . the program requisite for future victory." [19]

During July, 1918, the Pennsylvania Unit received its first American patients, men of Pershing's First Division, who had been brigaded with the British. From that time on, Base Hospital No. 10 shared in the heavy work incident to the Allied offensive.

United States Army Base Hospital No. 21, organized from the staff of the Washington University Medical School and several other hospitals of St. Louis, Missouri, arrived in Rouen on June 10, 1917, and took over No. 12 General Hospital, British Expeditionary Forces, a British base hospital which had been established in August, 1914, outside Rouen.

The ancient city of Rouen was the center of the southern line of British base hospitals in France and the Rouen area supported fourteen hospitals and convalescent camps which maintained a total of twenty-five thousand beds for the British Expeditionary Forces. No. 12 General and two others of these bases, No. 1 Australian and No. 10 General, were located on the race track two miles from the center of the city. No. 12 General Hospital, which the St. Louis Unit took over, was the largest of this group.

Dr. Fred T. Murphy, of St. Louis, was director of Base Hospital No. 21 and Julia C. Stimson was chief nurse. Major J. D. Fife, Medical Corps, Regular Army, was com-

[19] "A Reference History of the War," I. S. Guernsey, p. 87; Dodd, Mead and Company, New York City, 1920.

manding officer. The original nursing staff of sixty-five members was augmented in August, 1917, by the arrival of thirty additional nurses and in April, 1918, by Hospital Unit "D," which had been organized by the Red Cross in the City Hospital, Louisville, Kentucky. One hundred "casual" American Army nurses, sent overseas during the early months of 1918 for temporary assignment as need arose in British bases and evacuation hospital in the area between Boulogne and Trouville, had their headquarters at Base Hospital No. 21 and the records of assignment, the reports and the expense accounts of each nurse while on various assignments were kept there.

British soldiers of the Imperial and Overseas troops constituted the patients of No. 12 General Hospital. The number of British wounded, light during the summer of 1917, increased swiftly during the Flanders offensive on Passchendaele Ridge in October of that year. While the English Armies doggedly held the muddy Somme trenches during the winter of 1917-1918, medical cases filled the wards. The German drive on Amiens in March, 1918, placed intense strain upon the nursing staff and Miss Stimson wrote of the heavy service:

> We were all so hard pushed physically that Major Murphy wired for help and we received a mobile unit from the American Expeditionary Forces. The fifteen nurses were soon lost in the shuffle. They were all young, inexperienced, little things from Kentucky, who had not seen a patient since they had landed. Some of them were only twenty-one years old, fresh from small hospitals. It seemed a heart-breaking thing to thrust them into this unbelievable hell of a hospital. . . .
>
> A little later I had occasion to go down the lines and I looked in one of the huts to see how one of the little new nurses was coming on. Just before I got to the hut, a procession had come out of the door, two men carrying a stretcher covered with the Union Jack, then a second stretcher also covered by a flag, then our supervisor accompanying them to the mortuary. People along the line stood rigidly at attention and saluted as they passed. I went into the hut. The odor was terrific, for most of the cases in this hut have penetrating chest wounds which drain. The little nurse was standing by the stove stirring something in a cup. She was green-white and looked utterly nauseated. I did not dare to speak to her, for fear she would lose what control she had left.[20]

[20] "Finding Themselves," Julia C. Stimson, pp. 215-216; The Macmillan Co., 1918.

In July, 1918, Mobile Hospital No. 4 was organized from the personnel of Base Hospital No. 21 and went forward with the advancing armies through the St. Mihiel and Argonne-Meuse offensives of September and October. A unit of twenty nurses with Ruth Morton as chief nurse comprised the nursing staff. Other nurses were detached from the big hospital on the race course and were sent forward for duty at casualty clearing stations.

During the eighteen months that Base Hospital No. 21 served at No. 12 General Hospital, 21,543 patients were admitted. Of this number only 2833 were American casualties and they came from the 27th and 30th United States Divisions which were attached during September and October, 1918, to the British Fourth Army.

United States Army Base Hospital No. 12, which had been organized by the American Red Cross from the nurses and surgeons of the Northwestern University Medical School and of Cook County Hospital, Chicago, was assigned to No. 18 General Hospital, British Expeditionary Forces.

Dr. Frederick Besley, attending surgeon in 1916 at Cook County Hospital, was director of the unit. Daisy D. Urch was chief nurse. As was true of many other women holding executive positions in the nursing profession, Miss Urch had been educated as a school teacher. For nine years she had been principal of a public school in Munising, Michigan. She entered the Illinois Training School for Nurses in 1910 and after graduation was engaged in private duty nursing and later institutional work at Cook County Hospital. This history is indebted to her for the reports which give the experiences of Base Hospital No. 12.

Miss Urch wrote of the embarkation of the Northwestern Unit:

> The entire unit sailed Saturday, May 19, 1917, at 2 P.M. on the S. S. *Mongolia*. There were the usual precautions, no lights, boat drill with life preservers, assignment to life boats. In spite of unrestricted submarine warfare, every one was in good spirits.
>
> Sunday morning word went through the boat that a gun drill would take place at 2 P.M. All passengers assembled on the deck to witness it, a merry care-free group. War seemed remote, except for the three grim guns on the *Mongolia*, silent and muzzled in the sunshine on the calm sea.

A target was thrown overboard and the drill began. Suddenly a defective shell exploded prematurely. Edith Ayres and Helen B. Wood were instantly killed. Emma Matzen received two serious flesh wounds.

The nurses showed presence of mind and self-control; there was no confusion, no hysteria. Enough nurses to take care of the immediate situation helped carry our dead and injured into the nearest cabin. The others kept quietly out of the way.

Instructions by wireless for the *Mongolia* to go back to New York to exchange the ammunition made it possible to send our dead ashore. Miss Matzen was taken to a hospital in New York and two months later rejoined the unit in France.

The *Mongolia* sailed again on Tuesday, May 22. Except for a submarine attack at noon on June 1, the trip was uneventful. From London, the unit entrained June 11 for Folkestone, crossed the Channel and from Boulogne traveled by lorry to No. 18 General Hospital, British Expeditionary Forces, at Dannes Camiers.

No. 18 General Hospital was located on a hillside in Picardy, within a quarter of a mile of the British base then being maintained by the Peter Bent Brigham Unit, and was housed largely under canvas. Of its total capacity of eighteen hundred beds, only one hundred were placed in wooden huts. Units of four large tents, marquees, grouped together to form a ward accommodating forty-four patients each, housed the balance. Both the tents and the huts were lighted by electricity, but running water was available only in the kitchens, operating-rooms and wooden buildings. A single telephone served for the entire camp. Cinder paths bordered by neat rustic fences led from one tent to another. The "Swiss Navy" of the British Army, comparable to the Fatigue Squad of Uncle Sam's troops, kept the grounds in order, pruned the old-fashioned English rose bushes and cultivated extensive vegetable gardens. In the wards, the American nurses preferred Scotch orderlies because Jock made a more careful and systematic helper than did Tommy Atkins.

The irrepressible British soldiers were, however, a constant source of amusement to the American nurses. Miss Urch gave in a report bits of the dialogue between the laughter loving patients and nurses:

Tommy: "Sister, your brogue is rippin'!"
Sister: "Oh, I thought it was you who had the brogue!"

. . . . . .

Tommy: (after listening to a long dissertation on how to win the war) "Yes, you Americans will win, all right. You'll talk Fritz to death."

From the records available at National Red Cross Headquarters, this general deduction may be drawn about the British soldiers: they keenly enjoyed writing verse. This tendency may be attributed to the fact that they possessed either more natural talent for rhymed expression than did the wounded of other nationalities, or less reticence in showing the fruits of their ready pens. Miss Urch's report contained the following example:

Who put me in my little bed,
Then placed nice dressings on my head
And "Have sweet dreams tonight," she said?
The Sister!

Who talks to me in cheery tones
Till I forget my aching bones,
Until I cease to utter moans?
The Sister!

Who tries with all her might and main
To make me strong and right as rain,
That I may fight the Hun again?
The Sister!

The location of No. 18 General Hospital possessed many advantages. The sloping hillside afforded excellent drainage, the wards were well ventilated and the view, moreover, was one of great beauty. On one side were the sand dunes and the Channel, on the other, the orchard-studded hills and rich pasture lands of Picardy.

In the winter, however, this location was less pleasing. The patients and the personnel of No. 18, housed under canvas, were mercilessly exposed to the cold winds and rain of the harsh Flanders climate. One gusty morning, a breeze came over the hilltop which threatened to blow the entire hospital into the sea. It carried away fifty-five tents, scattered the equipment broadcast and exposed the sick and wounded to the drenching

rain. "In their zeal for their patients," wrote Miss Urch, "the nurses seemed endowed with superhuman strength. I saw one, single-handed, drag bed, patient and all over the rough ground to the nearest shelter."

The location of No. 18 General Hospital possessed a second grave disadvantage, though the nurses were not prone to regard it as one. The big British hospital camp was only forty miles from the front and enemy aviators often visited it. Miss Urch wrote of the air raids:

> In the early spring of 1918, persistent disquieting reports of the Boche's intent to destroy our camp were afloat. Great preparations for such an attempt were made. *"Abris"* in the shape of trenches were dug by German prisoners. The tents and huts were sandbagged. Special instructions were given as to what to do in case of a raid. Upon signal all helpless patients' beds were to be lowered to the floor by folding under the legs of each cot. One medical officer wrote in the order book, "Flatten all helpless patients." Other wounded, nurses and men were to go into the nearest *abri*. One nurse stayed with her patients who were so tied up to frames that their beds could not be lowered. When the hum of Boche engines and machine-gun fire plainly indicated that they were overhead a Tommy with a fractured femur and one broken arm called, "Sister!" She hastened to his side. He pleaded with her to go to a place of safety. When she assured him she was not afraid, he tried with his one good arm to push her under the adjoining bed.

Many of the nurses sat on the hillside at Dannes Camiers and watched the destruction of nearby Étaples. No member of Base Hospital No. 12 was, however, injured.

Before summarizing the value of the service rendered by the six American base hospitals assigned to the British, it may be of interest to include a statement of the size and strength of the British military nursing service, both professional and volunteer. The official nursing strength of the British Empire during the World War was divided between three organizations: Queen Alexandra's Imperial Military Nursing Service; the Territorial Force Nursing Service; and Queen Alexandra's Naval Nursing Service.

Florence Nightingale may well be called the first British Army nurse. Following her historic overthrow of military nursing traditions during the Crimean War, the War Office

employed trained women nurses in the Boer War and in military hospitals at home and abroad in time of peace. The Government nursing organization in which these women served was called the Army Nursing Service.

In 1902, the Army Nursing Service was reconstituted as Queen Alexandra's Imperial Military Nursing Service under a Nursing Board of which the Matrons of two civilian hospitals and the Matron-in-Chief of the Queen Alexandra's Service were members. The grades were Staff Nurse, Sister, Matron, Principal Matron and Matron-in-Chief. Candidates were required to be within twenty-five and thirty-five years of age and to hold the usual three years' certificate of training, although the wording of this clause made this certificate not absolutely compulsory; a candidate might be admitted without certificate provided the Matron-in-Chief satisfied the Nursing Board that this applicant was fitted as regards education, character and social status for admission. Before Sisters could be promoted to the grade of Matron, they were required to pass an examination and to give practical evidence of administrative and teaching ability. Pensions were granted to nurses of the Service after twenty years' membership or at the age of fifty years.

In time of war, the membership of the Queen Alexandra's Imperial Nursing Service was increased both by its own Reserve and by a Civil Hospital Reserve. Previous to the declaration of hostilities in 1914, the War Office had approached the civil hospitals throughout the Kingdom and had asked each institution to employ a certain number of trained nurses who would also form a reserve for Queen Alexandra's Imperial Nursing Service. These nurses were called into the field in August, 1914, and were later drafted into the official Reserve.

The Territorial Force Nursing Service was formed in 1910 primarily for home service in the twenty-three territorial areas of the British Empire. Nurses in each of these localities had pledged themselves to serve when their native territorial forces were mobilized. This muster-roll was revised annually so that upon the outbreak of war, the members were ready for immediate mobilization. When it was recognized during the first month of conflict that Queen Alexandra's Imperial Military Nursing Service was insufficient in numbers to meet the demands that would be made upon it, the War Office permitted members of the Territorial Force Nursing Service to volunteer for foreign service. Many of them went abroad early in August,

1914, and their places at home were supplied by new recruits. The Territorial Nursing Service was directed from the War Office in London and had its own Matron-in-Chief. It also had a Principal Matron for each territorial area, who was responsible for the recruiting of the staff and for the conduct of all territorial corps which might be opened in her district.

Queen Alexandra's Naval Nursing Service was a small standing service, with approximately a hundred nurses in times of peace. These Sisters acted as superintendents of nurses and trained corpsmen for sick bay attendants. This organization was augmented during the war.

Dame Ethel H. Becher, G.B.E., R.R.C., was Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service during the European War. Her headquarters were located at the War Office in London and she worked in close coöperation with the Director General of the Medical Department of the British Army, Sir Alfred Keogh. Her position was one of dignity and power and at public and Court functions when visiting nurses were presented to Royalty, Miss Becher in her bonnet and scarlet cape was a commanding and picturesque figure.

Dame E. Maud McCarthy, G.B.E., R.R.C., was Matron-in-Chief of the Q.A.I.M.N.S., British Expeditionary Forces. She was considered a member of the Headquarters Staff and her offices were in close proximity to the headquarters of the Director General of the Medical Department, B.E.F. All orders for movements of nurses went forward signed by her and counter-signed by the Director General. She was furnished with a private car and in it she made supervisory visits from one hospital to another, but in the case of the six American base hospital units assigned to the British Army, she did not take up disciplinary or professional problems unless they were connected in some way to British Army regulations. In a letter dated March 1, 1918, to Miss Delano, Martha Russell, then chief nurse of the American Red Cross in France, wrote:

> The position of Matron-in-Chief, B. E. F., is one of great dignity and responsibility. Miss McCarthy's influence is felt throughout the British Army, her lines of communication are clearly worked out and her opinion is considered final on all matters relating to the nursing situation. The British have maintained a big service for so long that they have outgrown many of the difficulties with which we are now struggling.

On August 1, 1914, Queen Alexandra's Imperial Military Nursing Service had numbered only 463; its effective strength on November 1, 1918, numbered 7710 members, an increase of fifteen hundred per cent.

The Territorial Force Nursing Service numbered in August, 1914, 2783 and in November, 1918, 5059, an increase of one hundred per cent.

During the European War, 7710 regular members of Queen Alexandra's Imperial Military Nursing Service saw active duty, over 3000 of them at home stations and 2000 others in France. The remainder served at stations in Italy, Gibraltar, Malta, Saloniki, Egypt, East Africa, Mesopotamia and India.[21]

The regular members of the Territorial Force Nursing Service on duty during the European War were distributed in proportionate numbers and in locations similar to those of members of Queen Alexandra's Nursing Service.[21]

In addition to these 12,769 members, both the official nursing organizations for the British Army employed partially trained and untrained women whom the War Office designated as Military Probationers. They were recruited by the War Office and after a short experience in civilian hospitals, were assigned to assist British Sisters in military establishments both at home and abroad. They totaled 10,897, over two-thirds of whom served at home stations.[21] Including regular and reserve members of Queen Alexandra's Imperial Military Nursing Service and of the Territorial Forces Nursing Service, and including partially trained and untrained women employed in these organizations, the numerical strength of these two governmental nursing services during the European War approximated 23,666 women. Miss McCarthy commented upon these numbers:

> These figures deal with Queen Alexandra's Imperial Military Nursing Service, Queen Alexandra's Imperial Military Nursing Service Reserve, Territorial Force Nursing Service and untrained and partially trained women attached to the above corps. The War Office was unable to give me any of the Overseas figures and the Matrons-in-Chief have all returned to their Dominions.

[21] At the request of the American Red Cross Nursing Service, the Superintendent of the Army Nurse Corps wrote to the Matron-in-Chief of the Queen Alexandra's Imperial Military Nursing Service for these statistics, which were forwarded by Dame McCarthy to Julia C. Stimson on March 6, 1920.

> The British Red Cross had large numbers of nurses, both trained and untrained, in the United Kingdom and in many of the theaters of war.[22]

The British military nursing system also included a large service, both professional and volunteer, which was conducted by the British Red Cross. The trained nurses employed by this society were not members of the two official services, but did war nursing in hospitals and convalescent homes established by the British Red Cross and the Order of St. John of Jerusalem in England. In the matter of assignment of nurses, the British Red Cross and the St. John's Ambulance served in somewhat the same relation to the British Army Medical Department as did the American Red Cross in France to the Chief Surgeon, American Expeditionary Forces. At the outbreak of the war in 1914, both the St. John's Ambulance and the British Red Cross began to enroll nurses for work in France and Belgium. When the Joint War Committee, under which these two organizations were united for war service, came into existence, the two Nursing Departments were put under one head and Dame Sarah Swift, late Matron of Guy's Hospital, was appointed Matron-in-Chief. A Principal Matron, Nora Fletcher, was shortly appointed in France and all nurses proceeding to France for service under the Joint War Committee were sent to her and were assigned by her to various hospitals and homes.[23]

The requirements for services as nurses under the Joint Committee were set forth in the Reports by the Joint War Committee and the Joint War Finance Committee of the British Red Cross and the Order of St. John of Jerusalem in England:

Rules for Nurses

> 1. You must hold a certificate of three years' consecutive training of a General Hospital of not less than 50 beds and must be well recommended by your Matron.
>
> 2. Nurses not up to the required standard of training obtain posts as Staff Nurses at £40 per annum. (Staff Nurses, that is, those with two years' training, women's and chil-

[22] See letter written by E. M. McCarthy to J. C. Stimson on March 6, 1920.

[23] See Reports by the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England, 1914-1919, pp. 80-84; His Majesty's Stationary Office, London, England.

dren's hospital and fever training, were paid at the rate of £40 per annum.)

3. If your health certificate and references are satisfactory, you will be registered on the list for either home or foreign service. For foreign service, a good knowledge of French is desirable. All nurses must be equally willing to serve on night or day duty at home or abroad.

4. If you are accepted, it will be necessary for you to be inoculated against enteric and also to be vaccinated, if not done within the last seven years.

5. You will be required to sign an agreement to serve in a home hospital for a period of six months at a salary of one guinea per week, insurance, outdoor uniform, laundry at rate of 2s. 6d. per week (unless otherwise provided); traveling expenses from London, board and lodging will also be provided. You will be lodged at a hostel between engagements.

6. You must provide your own indoor uniform, blue cotton (or use what you have) and when on duty must wear the badge, which will be provided.

[Here follow further details regarding salary, sick leave, application forms, etc.] [24]

After the candidate had filled out the "Form of Application," she was required to appear before a Selection Board. After a personal interview, her references were looked up and if she had passed all requirements satisfactorily, she was engaged by the Matron. At this time, each nurse was given the option of signing a contract.

Trained nurses to the number of 6158 served during the European War under the Joint Committee of the British Red Cross and the Order of St. John, 4730 of them in home service and the others in hospitals in France, Belgium, Egypt, Russia, Siberia, Serbia, Montenegro, Roumania, Italy, Holland and Salonica.[25] In comparison to the American Red Cross Nursing Service, it is interesting to note that 365 of this total number of 6158 were assigned to the Queen Alexandra's Imperial Military Nursing Service.[25]

The greatest numerical strength of the British Red Cross Nursing Service was found by the employment of nursing members of Voluntary Aid Detachments. In order to provide personnel to supplement the military medical organization of

[24] Report of the Joint War Committee, pp. 84-85.
[25] *Ibid.*, p. 93.

the Territorial Force on home service, the War Office had in 1909 issued a "Scheme for the Organization of Voluntary Aid in England and Wales." It was suggested that Voluntary Aid Detachments be formed, to consist both of men and women. The Women's Detachments were to be employed in forming railway rest stations, where meals and refreshments for sick and wounded could be prepared and served; and in taking temporary charge of severe cases unable to continue their journey." [26]

In 1910, a revised issue of the "Scheme" was authorized and shortly afterwards the Voluntary Aid organization was extended to Scotland. Women members of these Detachments were taught First Aid, home nursing and in many cases hygiene and cookery. They "practised the work of a hospital ward; they earmarked buildings suitable for temporary hospitals and learned the methods of improvising or obtaining the necessary equipment and supplies. . . ." [27]

On October 14, 1914, sixteen Voluntary Aid Detachment members, drawn from two London detachments with two trained nurses in charge, were sent to France with the sanction of the War Office. Dame Katherine Furse was in charge of the group. At Boulogne, they organized a rest station, took over three wagons and two passenger coaches and converted them into a dispensary, a kitchen, stores and quarters; within twenty-four hours they had received and fed one thousand wounded with such success that the experiment marked the beginnings of the broad and extensive later developments of the British Red Cross overseas under Voluntary Aid Detachments.

After about three months at Boulogne, Dame Furse returned to London and took charge of the Voluntary Aid Department at Devonshire House and Dame Rachel Crowdy succeeded her in France, later becoming Principal Commandant of Voluntary Aid Detachments in France.

V. A. D. nursing members were employed in hospitals established by the British Red Cross and the Order of St. John and in base hospitals maintained by the Medical Department of the British Army. On February 1, 1915, the War Office wrote that "in view of the fact that a largely increased supply of fully trained nurses will be required for the necessary expansion of military hospitals at home and abroad, it is sug-

[26] Report of the Joint War Committee, p. 189.
[27] *Ibid.*, p. 190.

gested that members of recognized Voluntary Aid Detachments might advantageously be employed and so enable us to release a number of fully trained nurses for duty in new Hospitals." [28] At this time, the War Office made the following suggestions as to the conditions of employment of nursing members of Voluntary Aid Detachments:

1. The selected members must hold the certificates for home nursing and First Aid and must be thoroughly recommended.
2. They will be required to work under fully trained nurses and will be under the direct control of the officer in charge and the Matron of the hospital.
3. They should be between twenty-three and thirty-eight years of age.
4. They should be required to live in quarters provided for the nursing staff of the military hospitals under the control and supervision of the Matron.
5. They will be required to adhere strictly to the time tables in force in military hospitals and to the regulations and standing orders for Q.A.I.M.N.S.
6. They will have at all times when on duty to wear the washing uniform of their Detachments.
7. They will be appointed for one month on probation,—then if recommended, they will be required to sign an agreement to serve for one year or for the duration of the war.
8. The engagement of Voluntary Aid Detachment members may be terminated at any time if found unfit in any respect for service.

On February 19, 1915, a second letter was sent by the War Office which suggested that nursing members of Voluntary Aid Detachments be paid £20 a year, in view of the fact that fully trained certificated Staff Nurses received £40. This latter added that "arrangements will be made for accommodation and an allowance for board and washing for each member," with £1 per quarter for the upkeep of uniforms.[29]

The Reports by the Joint War Committee and the Joint War Finance Committee of the British Red Cross and of the Order of St. John for 1914-1919 state that the total number of nursing members of Voluntary Aid Detachments, on December 20, 1919, was 17,367. Of this number, 886 were honorably mentioned in dispatches and 329 received nursing decorations. One

[28] Report of the Joint War Committee, p. 192.
[29] *Ibid.*, p. 192.

hundred and twenty-eight of them died in line of duty and "it is known," state the Reports, "that over one hundred other V. A. D. members, not working directly under the V. A. D. Department, also laid down their lives." [30]

During the summer of 1916, Miss Maxwell and a personal friend, Irene M. Givenwilson, who later became curator of the Red Cross Museum at National Headquarters, visited sixty-seven French, British and Belgian hospitals situated in Paris, in England, in Belgium and at various places near and at the Western Front. Miss Givenwilson had taken the nursing diploma of the German Red Cross at Bonn, Germany, a course of elementary nursing in Holland and another in England; from November, 1914, to March, 1915, Miss Maxwell had allowed Miss Givenwilson to work in the wards of the Presbyterian Hospital, New York City. With her previous knowledge of foreign languages, of the voluntary nursing services of Europe and of the nursing profession in the United States as she had seen it at the Presbyterian Hospital, Miss Givenwilson was in an excellent position to evaluate volunteer nursing abroad. Moreover, Miss Maxwell edited both the report and the diary which Miss Givenwilson submitted to National Headquarters at the close of the trip.

Miss Givenwilson's report included the following statement regarding the nursing members of Voluntary Aid Detachments:

> We made many inquiries as to the efficiency of the V.A.D. nurses at British Red Cross Headquarters and also of the Matrons in charge of the military and auxiliary hospitals. The unanimity of opinion on their usefulness and willingness to work under any conditions impressed us as remarkable. . . . There was only one criticism offered,—that a previous training of six months in a civil hospital is under all circumstances very desirable and would render the nursing members more useful and capable of accepting some responsibility in the wards. The Army nurses are already so overworked that they are unable to train their subordinates in the wards. This lack of training leads to two difficulties: *first*, the members find it hard at first to adapt themselves readily to the necessarily strict discipline of military and auxiliary hospitals in time of war; *second*, through inexperience, they are apt to consider the whole practice of nursing consists in the dressing of wounds and that when this has been mastered, they are of equal proficiency with fully trained nurses.

[30] Report of the Joint War Committee, p. 203.

> These difficulties could be easily overcome by a regulation enforcing a definite period of training in a civil hospital for any member of the Red Cross who aspired to be a nurses' aide in a military hospital in time of war.[31]

With this total strength of well over 40,000 trained and untrained women, it may readily be appreciated that the 600 American nurses who served in the British base hospitals at Rouen, Dannes Camiers, Étretat and Le Tréport made slight addition to the numerical strength of the British nursing forces. The institutions which they staffed did, however, occupy highly important positions along the southern line of British hospitals in France and the American nurses and surgeons cared for approximately 300,000 British and Colonial soldiers. Moreover, the arrival of these six units in England and France during the third month of the participation of the United States in the World War did much to raise the morale of the British and French Armies, in that the efficient personnel and the splendid equipment of these pioneer base hospitals were a timely guarantee to the weary Allies of the reënforcements soon to come.

The experience of the American Army reserve nurses who served in these British bases was an illuminating one and fortunate indeed did these American Red Cross nurses count themselves. The disadvantages of assignment to the British Expeditionary Forces were of minor nature. Miss Stimson summarized them:

> Chief nurses of these units had the double difficulty of functioning as an important part of an American Army organization without previous experience or knowledge of Army ways and at the same time had the difficulty encountered in taking over after a few days apprenticeship, the position of Matron of a British hospital in full operation, and from which the British nursing personnel was withdrawn almost immediately. In the cases where the American nursing staffs were insufficient for the needs of the hospitals, staffs of British Voluntary Aid Detachments were left on under the American chief nurse until such time as more American nurses could be brought over. The combination of American graduate nurses and British volunteer aides did not lessen the problems of the chief nurses. . . .

[31] Report of the Voluntary Nursing Services of England and France: Irene M. Givenwilson, pp. 26-27, Library, National Headquarters, Washington, D. C.

> Our second difficulty was lack of "camp kits," without which no English Sister nor V. A. D. goes anywhere. When they withdrew, completely barren rooms confronted the dismayed Americans. A combination of British courtesy and generosity on the part of the War Office and the American Red Cross Chapter at London came swiftly to our rescue and supplied us the necessary articles.[32]

Perhaps the greatest difficulty which the American nurses met during the first months in the field was the absence of an authoritative head of the American Army Nurse Corps in France. Questions arose as to the replenishment of uniforms, the issuance of more adequate equipment and such other matters; to disciplinary problems such as transfers, resignations and the conduct of nurses when off duty. Neither Miss Becher nor Miss McCarthy could undertake to settle them. Martha Montague Russell had joined the American Red Cross Commission for France in August, 1917, as the official representative of the Nursing Service at National Headquarters, but her only possible relation to the members of the Army Nurse Corps then in France with the British and American Expeditionary Forces was of a purely unofficial nature. She termed herself a "maiden aunt" rather than a mother invested with parental authority. The Surgeon General accordingly assigned to the staff of the Chief Surgeon, A. E. F. in France, Bessie S. Bell, of the Army Nurse Corps. Miss Bell was a graduate of the Boston City Hospital and had been chief nurse of Walter Reed Hospital, Washington, D. C. She arrived in Paris in November, 1917, and for a year served as Chief Nurse of the American Expeditionary Forces. She was largely engaged in organization work incident to the assignment of nurses to American base hospitals, evacuation and mobile hospitals and forward professional teams of the U. S. Medical Department in France, so she did not have much time in which to visit the well-established and smoothly-running British bases then staffed by American nursing personnel. Moreover, the American Expeditionary Forces did not furnish the Chief Nurse special transportation facilities during Miss Bell's incumbency of the office. The chief nurses of the American base hospitals assigned to the British Expeditionary Forces were thus thrown largely upon their own resources as regards the nursing service. However, they were in the main

[32] "History of the Nursing Activities on the Western Front during the War Period," Julia C. Stimson, p. 5.

strong women and were well able to meet with sound judgment the different situations which arose.

As to the advantages of service in the British Expeditionary Forces, nurses assigned to these units experienced none of the idleness and monotony born of light work which nurses of the American Expeditionary Forces encountered during their first summer in the field. The British troops occupied, during 1917 and 1918, important and almost constantly active sectors of the Western Front, so both the surgical and medical cases were of great professional interest. The American nurses assigned to the British bases shared, moreover, many privileges accorded the British Sisters, which had not yet been granted the younger American contingents. Miss Stimson summarized them:

> Advantages of leave; care during sickness at splendidly-equipped "Sick Sisters' Hospitals" and convalescent treatment on the coast was given to the American nurses. Although the United States Army paid the nurses' salaries, the British put them on the same mess allowance as their own nurses and many were the hours during which chief nurses struggled with board at twenty-five shillings a month, laundry at six shillings a week, field allowance and other perplexing problems.

This mess allowance, although it entailed considerable extra paper work for the chief nurses, provided the hospital dietitian with available funds with which to purchase green vegetables and other articles not included in general rations.

British nurses occupied a position of great dignity and respect. The position held by American Army nurses as regards rank will be treated in detail in a subsequent chapter, but the following comment upon the status of the British nurse, which was made by Miss Hall, bears directly upon the British military nursing system and is therefore included:

> The British nurses did not have rank as officers of the British Army. They did, however, have a place in the British Army which was dignified and enviable. . . .
>
> In every area presided over by a Deputy Director of Medical Service, there was a Principal Matron whose area included all the nurses in the area covered by the Deputy Director of Medical Service. In each hospital there was a Matron, assistant Matron, Sisters, and Staff Nurses, with pay

and allowances according to their status as just named. In the hospitals, a definite number of non-commissioned officers and men were assigned directly to the Matron to act as ward masters and orderlies. She had entire control in the assigning of them to duty, arranging their time, etc., and the position of the Matron and those under her was so strong that there was never disobedience or disrespect towards them. In all matters of living, travel and social functions, the British nurses were given all the respect and rights of officers; sometimes even given preference over officers.[33]

. . . . . .

On June 13, 1917, three weeks after the arrival of United States Army Base Hospital No. 4 at Rouen, Colonel (later General) A. S. Bradley, the first Chief Surgeon of the American Expeditionary Forces in France, opened in the Rue Constantine, Paris, the headquarters of the United States Army Medical Corps in France. With him were Colonel Francis Winter and Colonel Merritte W. Ireland. On the same day, the American Red Cross Commission for Europe landed in Bordeaux. In view of the parallel development of the medical services of the American Expeditionary Forces and the American Red Cross, it is of interest that these organizations arrived in Paris at practically the same time and began their development amid the same difficulties.

War nursing with the American Expeditionary Forces in France consisted of duty in the zones of the base and of the advance of the United States Armies. In the zone of the base, to which this portion of this history relates, nurses served in base hospitals established along the principal lines of communication. Connecting the zone of the base with that of the advance were the hospital trains of the U. S. Army Medical Corps in France; nurses served on these sanitary trains. In the forward areas, nurses served in evacuation and mobile hospitals and on professional teams. Further, sick and wounded soldiers of the American Expeditionary Forces were cared for in military hospitals established by the American Red Cross, both in the zone of the base and the zone of the advance. Moreover, American Red Cross nurses were even detailed to duty in hospitals of the French *Service de Santé* in order that American wounded of the divisions which General Pershing had brigaded with the French troops, might be cared for by

[33] Letter written by Carrie M. Hall, September 20, 1921, to the author.

American nurses. As these several types of assignment differed greatly, they will be treated each one in separate sections of this history. This section will set forth the arrival of the early Red Cross base hospitals in France and will describe the experiences of reserve nurses in the zone of the base.

During the first eight months of the participation of the United States in the European War, April through November, 1917, only eight base hospitals were on duty with the American Expeditionary Forces in France. The American Army was expected in 1917 to occupy the southeastern sectors of the Western Front, the area lying roughly between Toul and Belfort. The American line of communications was developed to extend from Bordeaux and St. Nazaire to Dijon and Is-sur-Lille and from these centers to radiate up through the areas established for divisional training near Neufchâteau and the Toul-Belfort sectors. The Chief Surgeon accordingly located the hospitals of the American Expeditionary Forces along this line of communications. He assigned the first base hospitals to Bazoilles, Chaumont, Vittel and Contrexéville as forward centers of the zone of the base; to Limoges, Dijon, Vichy and Savenay as bases in the rear; and to Bordeaux and St. Nazaire as embarkation centers from which sick and wounded soldiers were to be returned to the United States.

In difficulties met and in accomplishment, the experiences of the first eight American base hospitals in France were so nearly identical that a detailed picture of the first units will serve for all. In collecting the source material for this section, National Headquarters sent a request, oftentimes repeated, to all chief nurses of base hospitals, asking them for a summary of the experiences of their units. Some of the chief nurses failed to respond; others sent in reports of unusual interest and marked historical value. In excerpts from these reports, to be quoted later in this portion of this history, may clearly be seen the general policies of the Medical Corps in France. The effect of these policies upon the nursing situation in the United States will also be set forth.

United States Army Base Hospital No. 18, organized at Johns Hopkins Hospital, Baltimore, Md., landed with the First Division of American troops at St. Nazaire, June 28, 1917. The Navy collier *Cyclops*, the cruiser *Charleston* and the transport *Finland*, on which the Hopkins Unit sailed, in a zigzag passage of fourteen days had dodged German submarines

which were on their mettle to catch the first American contingent.

Dr. Winford Smith had organized Base Hospital No. 18, but the Surgeon General claimed his services at Washington. Dr. John M. T. Finney led the unit into the field. Bessie Baker was chief of the sixty-four nurses and of a second unit of thirty-seven "casuals." Miss Baker was born in Maryland. Following her graduation from the Robert Garrett Hospital for Children in Baltimore, she entered the School of Nursing at Johns Hopkins Hospital. She later became assistant superintendent of nurses at the Women's Hospital in Baltimore. She returned to Johns Hopkins in 1912, as first assistant superintendent of the training school. Although much of her life had been spent in Maryland, her brisk humor, reflected in her twinkling brown eyes, her energy and her enthusiasm called to mind the Western rather than the Southern temperament.

Miss Baker described the reception of Base Hospital No. 18 at St. Nazaire:

> During the afternoon we received a visit from the general then in command of the Medical Corps of the American Expeditionary Forces [General Bradley]. He remarked that up to twenty-four hours before he had not been aware of our existence, much less our expected arrival. An immediate survey of the surrounding country was necessary, if he was to find a place whereon we might lay our heads.
>
> The following morning brought the parting from the 18th Regiment, our companions of the voyage. It was hard to say the last word. Many of them we knew we should never see again, unless they were brought to us wounded and miserable.
>
> To their cheers, we filed down the gang-plank to the station and entrained for the village of Savenay. The quiet peacefulness of that first glimpse of the French countryside, with its old windmills and charming peasant homes! The wild flowers were riotous, crimson poppies, purple heather, yellow and white daisies.

Until war made it a garrison of hospitals, the little village of Savenay, located on the orchard-covered hills of Brittany, had led a drowsy and peaceful existence. The personnel of Base Hospital No. 18 was temporarily assigned there until a permanent hospital could be secured for them nearer the front. Upon the arrival of the unit at Savenay, the nurses were billeted in a dormitory of a large normal school for boys.



Photo. by Signal Corps, U. S. A.

Nurses of a U. S. Army base hospital marching off the docks at Brest, France.

The democracy of field service soon established itself. "In our single public wash-room," wrote Miss Baker, "high and low, those who had 'run' hospitals and those who had been 'run,' scrubbed crepe garments side by side." Miss Baker's report contained the following description of Army "chow":

> On our way over, we had inwardly pitied the enlisted men with the tin plates and knives and forks and the long wooden tables. First mess-call at Savenay told us that we too were in the Army. There was war bread in heavy slices, there were onions and bacon. Heavy tin-ware adorned our cloth-less table and backless benches supported us while we fed. How we laughed!
>
> Unless you sat near the end of the bench, you had to be a high stepper and hop over. Black coffee came around in huge galvanized buckets, which we drank humbly from receptacles ranging from a pint tin cup to a quart capacity dish-pan. Onions were with us morning, noon and evening. What we could never puzzle out was why we were destined to eat in a few weeks all of that delectable dish meant to serve the entire American Army during the period of the war.

Fifteen of the thirty-seven nurses who had come overseas with the Hopkins Unit were ordered back to St. Nazaire on July 5 to staff a small hospital which the French transferred to the American Army. Here were received acute cases of the infectious diseases that had attacked troops of the First Division on their way overseas. This hospital, first known as United States Army Hospital No. 1, American Expeditionary Forces, was later designated as Base Hospital No. 101 and as such functioned until the end of the war. Members of the medical and nursing staffs of the original Johns Hopkins Unit who had been detailed to St. Nazaire, were returned to Base Hospital No. 18 before winter.

The nurses and surgeons waiting at Savenay for the completion of the hospital which they were soon to occupy, spent the days in attending French classes and in drilling. The routine of Army life and the discipline of divisional training sometimes proved irksome. Miss Baker wrote of these experiences early in July:

> It was hard to go to bed at 10 P.M. when the sun had just slipped below the horizon. From our back windows, the country stretched lazily away in the distance. Far below gleamed

> the lights of St. Nazaire. The green vineyards sloped to the river Loire and on every hillside the quaint old mills now turned leisurely at their task, now stood silhouetted against the pastel sky, with a wee crescent moon and a lone star standing guard above. Never could we have imagined a scene more symbolic of peace than this, our first experience of war.
>
> As the days rolled on, we struggled with our hopelessly poor drills. In vain did the Major endeavor to make us military women. He finally gave us up in despair. Many mornings, however, we spent in the old hay fields watching the men mop and drill and drill and mop in the hot July sun. The skylarks flitted up into the blue sky and an occasional Zeppelin hovered in the distance far beyond us. . . .

After a month at Savenay, the personnel of Base Hospital No. 18 entrained for their permanent quarters. Miss Baker wrote of the trip across France:

> Every inch of this wonderful country seemed under cultivation. Hillsides were covered with vineyards. Buckwheat, rye, red clover, yellow mustard, asparagus and alfalfa carpeted the rolling country. Quaint little villages peeped out from the valleys or topped the hillsides.
>
> We left the windmills behind us overnight and came to great hillsides of rock, with houses dug out of them. We passed groves of chestnut and willows and stately spruces, "fox-tail" and oak. The poplars lined the fine white turnpikes and, like tall sentinels standing on guard for miles and miles, crowned the crests of the distant hills.

They arrived July 26 at Bazoilles, a village of two hundred inhabitants, situated on the headwaters of the Meuse River, in the Department of the Vosges. In this little town, the château and out-buildings of a private estate, supplemented by barrack-like wooden wards, had been made into a hospital of one thousand beds. These buildings were located on both sides of an avenue which stretched up a hillside. The avenue was roofed over and enclosed and through apertures in the sides, the nurses saw below them as they went to and from the wards, a beautiful valley threaded by small streams and beyond the foothills of the Vosges.

Base Hospital No. 18 received its first patients on July 31, 1917; it served as a camp hospital during the summer for several divisions of American troops then in training in nearby

areas. The work was light, so between assignments to duty the nurses had long intervals of leisure which gave them opportunity to go on sight-seeing trips. Some of them went to Neufchâteau, four miles distant, others to Domremy which Miss Baker described:

> The valley blazed in a shimmer of blended color, the wild mustard tawny in the sunlight, the winding Meuse, the meadows bright with daisies, gentians, poppies. . . . In that humble chamber where Jeanne d'Arc first saw the light three hundred years ago, I could not help thinking today of the thousands of women, French, English, American, going to war for France, though not to the fanfare of trumpets that cheered the Maid to Orleans and Rheims.

The rainy season set in about Bazoilles towards the end of September. The American troops were unaccustomed to the excessive dampness and the medical wards of Base Hospital No. 18 were soon filled to capacity with patients suffering from colds, sore throats, bronchial ailments and pneumonia. A nurse of the Hopkins Unit wrote of her charges:

> They are mostly boys from little towns and from every walk in life. On a ward of ten, we have an Irish policeman; an Austrian barber; a Philadelphia steam fitter; a marine with an Irish mother and Italian father; a trap drummer from the movies of Chicago; a big six-foot farmer boy from New England; a lad of fifteen years who ran away from school in Indiana; a presser from a tailor's establishment in Ohio; and a farmer from Missouri. So it goes, often a college man next to a tramp. To us they are just sick and lonely boys, whose life we could make a bit more cheery.

The winter came early in November with raw winds and clinging fogs. Lack of fuel accentuated the discomfort which the prolonged dampness produced. Upon their arrival at Bazoilles, the Americans had been told grim tales of patients who had been found frozen to death in bed the winter before. "There came a time," wrote Miss Baker, "when we began to feel that there might be some truth in these stories." On many occasions when she was making "rounds" in the nurses' quarters, Miss Baker would come upon a nurse who had been obliged to leave her duties in the wards, go to her room and sit with her numbed feet in ice water to relieve their aching enough to permit

her to go on with her morning's work. "There was talk," continued Miss Baker, "of starting a Chilblain Club, but such rivalry for the presidency arose between one of the surgeons and the assistant chief nurse that it had to be abandoned."

Lighting also offered difficulties. The nurses were expected to provide their own lamps, but no sooner had they secured them than the kerosene gave out. As it was too cold to sit up, the nurses retired to bed to read by the light of a single candle stuck with tallow on the head of their cots. The picture suggested by Miss Baker's descriptions, of a shivering, blue-lipped woman wrapped in sweaters, ulsters and blankets is indeed a true picture of the American war nurse as she appeared many times when off duty during the harsh French winters.

Of the work of the Hopkins Unit, Miss Baker wrote:

> Day by day our wards filled up rapidly with soldiers. At the same time the nurses began to fall ill in large numbers. We started with an eight hour day, but with many patients on the wards and sick nurses in the infirmary, the periods we spent on duty became as many hours as one could stand.
>
> At no time did the nurses work any harder than during these cold, dark days between November and January, 1918. But the joy of being there ready and waiting to give to our incoming patients the comfort that good nursing alone will bring to a sick man! Here we meant mother, sister and sweetheart to those shivering, lonely, homesick boys. What confidences we received! One youngster, just a wee lad, told his nurse that if he ever got back to his mother she wouldn't have to beg him to eat the pie she had baked for him.
>
> On a dull, gray Sunday afternoon early in November we received our first American wounded, the victims of that first French raid, 16th Infantry boys who had been holding the Toul Sector.

In commenting on the many delicacies with which the nurses supplemented rations for the soldiers, Miss Baker wrote:

> How like Miss Nightingale's experience with regard to diet, entertainment and many other incidents, was our own! "Preposterous luxuries!" one of the old doctors of her day contemptuously called the results of her herculean efforts to furnish an adequate diet. To have recreation huts and the additional comforts and dainties which the Red Cross and the nurses supplied the soldiers may have been "spoiling the brutes" in the Army vernacular, but it undoubtedly saved the

morale of our soldiers in 1917 and 1918, no less than Miss Nightingale's efforts in the Crimean War. One commanding officer of Base No. 18 remarked: "These men don't need all this female nursing,—they haven't been accustomed to it!"

While we sat swathed in blankets around those miserable little French stoves and breathed upon our numbed fingers and waited for the monotonous hours to drag by, we nurses tried to puzzle out the meaning of war, of those sick boys on the wards, of our own ridiculous plight.

We couldn't get very far with most of our discussions, but there was real comfort, to us at least, in one doughboy's words: "The last thing I knew, I was out and over the top. . . . I opened my eyes and there above me was a nurse with a small Red Cross on her cap. I just turned over and went to sleep, because I knew then that everything would be all right."

The New Year brought better times for the overworked nurses of Base Hospital No. 18. The medical and nursing staffs were supplemented in January, 1918, by the arrival of Hospital Unit "A," organized by the American Red Cross at the Presbyterian Hospital, Philadelphia, Pa. Katherine Liddle, of Wilkinsburg, Pa., was chief nurse of the twenty-one nurses who composed this unit. Toward February the weather at Bazoilles changed from penetrating dampness to sharp cold; and nurses and doctors alike found relaxation in winter sports. Organized recreation was developed by Oolah Burner, a secretary of the Young Women's Christian Association, who arrived in February. William Prescott Wolcott, the Red Cross representative at Base Hospital No. 18, succeeded in securing a nurses' recreation hut. A small nurses' infirmary, which later drew patients from surrounding posts, replaced the bare wooden barracks in which many Hopkins nurses had spent days of sickness during the winter.

During the early spring of 1918, the American Expeditionary Forces first shouldered the heavy responsibilities of holding a portion of the Western Front. The entrance of American soldiers into the French and British trenches made necessary the assignment of American professional teams to the zone of advance to care for the American casualties which would inevitably occur there. These teams, usually composed of two surgeons, an anesthetist, two nurses and two orderlies, were organized from among the personnel of base hospitals in the

rear and were sent forward for temporary duty in evacuation, mobile and field hospitals.

The nursing strength of Base Hospital No. 18, at times entirely inadequate to cope with the volume of work in their wards, was further reduced by the formation of these surgical, splint and shock teams. These units were often absent from the base during some particular drive,—just at the time when the greatest number of patients were being sent to the base hospital,—and the depleted staff of nurses at No. 18 were sorely overworked on such an occasion. The "gas convoys" were particularly distressing. One night after eleven o'clock, ambulances discharged over two hundred and fifty blindfolded men, dressed in torn and dirty horizon blue uniforms, some of them stumbling along with their hands on their buddy's shoulders, others quiet on stretchers. "We thought they were French," a Hopkins nurse wrote in her diary, "but they proved to be our own men who had been brigaded with the French,—great stalwart chaps now groping their way like small children, blinded, the tears running down their cheeks, their faces blistered and burned." Of corridors and pre-operative rooms crowded with wounded, Miss Baker wrote:

> As the long line of stretchers continued to be moved in hour after hour, each one holding what seemed to be a case more helpless than the last, we could only pray for the end of such brutality. As we went around the wards, stepping over the stretchers, bending down to the floor with a hot drink, or with a match to light a cigarette for an armless man, we were almost ready to cry "quits" at any cost. How savage, how inexpressibly futile has become this light valuation of human life!

One of the early projects of the American Red Cross in France was the establishment in the Vosges of a dispensary service for the benefit of the civilian population. The aims and general nature of this service was described by Ruth Weir, an American Red Cross nurse assigned to duty at Neufchâteau, the headquarters:

> In November, 1917 . . . I was assigned to the American Medical Service for the civilian population, which had its headquarters at Neufchâteau. This service, which was developed under Colonel H. H. Young, chief neurologist of the American Expeditionary Forces, had two great ends, to aid

the poor people deprived of medical care and to prevent epidemics in localities where our troops were billeted.

The work was carried on in dispensaries located in all the outlying villages. A doctor and a nurse visited these dispensaries every two or three days and called on very sick people in their homes. In this way we successfully uncovered stray cases of scarlet fever, meningitis, diphtheria and other diseases and treated them, thus nipping in the bud the spread of contagion. Later on we had a perfectly-equipped hospital at Neufchâteau where patients requiring special care and surgical cases were treated. From the moment of its opening, the sixty beds of this hospital were always occupied. The people flocked to us for treatment and also, it must be confessed, to hear *les Américaines* speak French. They were most grateful and loaded us with kindnesses.

The second American Army base hospital to arrive in France for service with the American Expeditionary Forces was No. 15, organized by the American Red Cross from the alumnæ and staff of the Roosevelt Hospital, New York City. Mary L. Francis, a graduate and assistant superintendent of nurses of the Roosevelt Hospital, was chief nurse.

The Roosevelt Unit arrived in France early in July, 1917, and established a base hospital of three thousand beds at Chaumont, in the Department Haute-Marne. During their first four or five months of service, they cared largely for French wounded, but later American sick and wounded soldiers came to them from all the surrounding sectors.[34]

Bordeaux, destined to become the principal southern hospital center of the United States Medical Corps in France, was the destination of United States Army Base Hospital No. 6, the third of the Red Cross columns to be called into active service with the American Expeditionary Forces. This unit took over late in July, 1917, *l'Hôpital Complémentaire No. 25,* in the Lycée de Talence, situated in a beautiful park outside the city.

Base Hospital No. 6 had been organized at the Massachusetts General Hospital, Boston, Mass. Sara E. Parsons was chief nurse. Miss Parsons was a graduate of the Boston Training School of the Massachusetts General Hospital. After long executive experience in various New England institutions, she rounded out a broad education gained in this institutional work

[34] Mention of the activities of the Roosevelt Unit is necessarily brief, because at the writing of this history Miss Francis did not have access to her papers and data regarding the experiences of her unit.

and by foreign travel, by post-graduate training at Teachers College. She was in 1907 and 1908 superintendent of the Shepard Pratt Hospital of Baltimore and in 1909 returned to the Massachusetts General Hospital as director of the Boston Training School. She enrolled in the Red Cross Nursing Service in 1910. She was a woman of practical and energetic temperament, with snapping gray eyes and a strong mouth, which bespoke humor and fearlessness.

The nursing staff of Base Hospital No. 6 arrived at Talence on July 29, 1917, and were immediately installed in wards from which wounded Senegalese and French soldiers had been evacuated. The first patients to come to the Massachusetts Unit were sent in September from the nearby training areas of the American Expeditionary Forces. Hospital Unit "O", of Charlotte, North Carolina, arrived March 10, 1918, at Bordeaux to reënforce the nursing staff. Heavy work for Base Hospital No. 6 began the following July and continued until the end of the war. On November 11, 1918, there were 4319 patients in the hospital with ninety-nine nurses on duty, an average of forty-four patients to each nurse. Miss Parsons wrote of the outstanding features of the life and work of the nurses during their eighteen months in the field:

> A universal enjoyment of actual bedside nursing characterized the attitude of the nursing staff. Although thirty-eight of the original unit of sixty-four nurses had held executive positions before joining Base Hospital No. 6, they were always glad to take subordinate positions where they could work directly with the patients. Never did our nursing staff suffer from too many executives, a complaint of some other units. Nor were the nurses too tired or too busy to do extra kindnesses for the patients. The hours off duty were spent making candy, pies, ice-cream for the boys. . . . Most gratifying was the spirit of motherliness which pervaded the atmosphere and the respect which the nurses commanded.
>
> To sum up my impression, the advantage of knowing one's personnel is tremendous, both from a professional and a physical point of view. Some of our most valuable women will do excellent work in an understanding and sympathetic environment, but could never stand the strain in an uncongenial situation.

Dijon, below Chaumont in central eastern France, was the next hospital center to be established during the early summer

of 1917. In this city, United States Army Base Hospital No. 17 on July 29 took over from the French military authorities *l'Hôpital Temporaire No. 77.*

This fourth Red Cross unit to see service with the American Expeditionary Forces in France, Base Hospital No. 17, had been organized at the Harper Hospital, Detroit, Michigan. Emily A. McLaughlin was chief nurse. Miss McLaughlin was educated in convent schools of Brooklyn and Detroit and was graduated from the Farrand Training School, Harper Hospital. During the Spanish-American War, she served at Lexington, Kentucky, at Columbus, Georgia and at Matanzas, Cuba. She remained in military service until November, 1901, when she returned to the Farrand Training School as night supervisor. In 1909, she became principal of the training school there and remained in that capacity until she was again called into military nursing as chief nurse of Base Hospital No. 17.

The Harper Unit arrived at Dijon on July 29, 1917, and was, with the exception of an American bakery, the first branch of the American Expeditionary Forces to invade that ancient city. A French military hospital, *l'Hôpital Temporaire No. 77,* was assigned to them. The main building had formerly housed the School of St. Ignate and was a four-storied, ell-shaped structure. Fourteen wooden barracks of from thirty-five to forty-five bed capacity were later erected immediately behind the larger building. The normal capacity of Base Hospital No. 17 was eighteen hundred beds, but it was capable of an emergency expansion to two thousand beds. The nursing staff was billeted in houses located in various parts of the city.

As was the case with the surgeons and nurses of other base hospitals assigned to the then embryonic American Expeditionary Forces, the personnel of the Harper Unit experienced at first the tedium of having too few patients to occupy their time. Units of nurses were sent early in August to Paris to help out at the American Red Cross dressing station, which was then drawing on American bases for personnel. Others were ordered to an American hospital at Ris Orangis to observe surgical methods. On several occasions those at Dijon assisted in serving hot food to the French *blessés* as their hospital trains passed through the city. During the summer, however, the 16th Engineers and later the big Camouflage Camp, the United States Army Laboratory and the first training billets of the 82nd Division were situated near Dijon, and these branches of the

American Expeditionary Forces sent many medical and accident cases to Base Hospital No. 17.

Hospital Unit "S," of Nashville, Tennessee, of which Katherine G. Sennott was chief nurse, arrived at Dijon in February, 1918, to reënforce the nursing staff of Base Hospital No. 17. During the German offensive of March-July, 1918, heavy casualties occurred among the American and Allied Armies then holding the Western Front and many patients came to Base Hospital No. 17. Miss McLaughlin wrote:

> Our first big convoy of over three hundred Americans who had been brigaded near Soissons with the French arrived on March 16. From that time on, there was little respite for us. We functioned sometimes as an evacuation hospital, retaining our patients only a few days.
>
> We were told May 29 that a hospital train had arrived with about two hundred patients. This proved to be a train of nearly twelve hundred British soldiers from the Soissons sector, six hundred of whom were received at our base. Many were badly wounded; the only one we could not save was a terribly wounded Scotch laddie, sixteen years old, who kept crying: "I want tae gae hame tae ma mither!"
>
> On the 18th of June a convoy of our own terribly mangled and gassed men was received from Château-Thierry, coming to us direct from the field hospital. Many of these were Marines who had taken part in that memorable fight and had done much in stemming the tide at this point.

United States Army Base Hospital No. 8 was the fifth Red Cross column to embark during the early summer of 1917 for service with the American Expeditionary Forces in France. This unit had been organized at the New York City Post-Graduate Hospital. Amy Florence Patmore, who since her graduation from the parent institution of this unit had conducted a private sanitarium in New York City, was chief nurse.

Base Hospital No. 8 set out on July 30, 1917, on the S. S. *Saratoga*. Miss Patmore wrote:

> Passing Staten Island, the S. S. *Saratoga* slowed up and finally dropped anchor off Tompkinsville. The day was desperately hot and after luncheon most of the nurses removed their heavy uniforms and were lolling about in their cabins in all degrees of *déshabille*. Suddenly there was a crash and a terrific shock,—the S. S. *Panama* had rammed into the *Sara-*

toga, tearing a thirty-foot hole in her side. The ship immediately began to list and orders were given to abandon ship at once.

There was no hysteria among the nurses. Half-clad as they were, they took their places in the boats. All the smaller craft in the harbor rushed to our assistance and we were picked up and taken to various large boats scattered about the Bay. A Government boat finally collected and carried us back to quarters on board the *Finland,* which was then lying at her dock in Hoboken. We learned that seventeen minutes after the last person had left the ship, the *Saratoga* submerged. With her went not only our own personal belongings but our entire hospital equipment.

We were not allowed to hold any communication with friends on shore. . . . We were taken back to Ellis Island. The nurses of Base Hospital Unit No. 9 were mobilized there awaiting orders to sail and they opened up their luggage and divided their wearing apparel with our little band of refugees.

The reëquipment of Base Hospital No. 8 has already been detailed in an earlier section. Eight days after the sinking of the S. S. *Saratoga,* this unit reëmbarked on the *Finland,* which was one of a convoy of five troopships. Rigid discipline was maintained on board. All passengers were drilled every day and were ordered to be fully dressed and ready to go on deck at 2, 3 and 4 A. M. every night. The utter blackness of their own ship and the huge dim shapes of other ships of the convoy slipping along beside them in the darkness brought to the nurses realization of the danger of submarine attack. "For the last three nights," wrote Miss Patmore, "we were not allowed to remove our clothing and our life preservers were always close beside us."

German submarines in search of Allied ships bound for St. Nazaire combed the waters near Belle Isle, just off the coast of France. Several of them sighted the American convoy and attacked the *Finland.* Miss Patmore described the encounter:

Suddenly about nine o'clock on Monday morning, the signal came, six short blasts and the firing of a cannon. Each hurriedly took her place beside the boat to which she had been assigned, and during a tense hour and a quarter watched the battle. The roar of cannon and the shock of depth bombs brought to us a grim realization of naval warfare. Out of the

> five ships of the convoy, the *Finland* seemed to have been the target. Six torpedo destroyers and two aeroplanes came to our rescue.
>
> We were off the cost of France when the attack occurred. After the submarines had been routed, we proceeded on our way to St. Nazaire. When we arrived there at seven in the evening of August 20, the populace, who had heard the news of the battle by wireless, was waiting to bid us welcome and we docked amid round after round of cheers.

The personnel of Base Hospital No. 8 was permanently assigned to the same normal school building at Savenay, in the Loire District, in which the Hopkins Unit had been temporarily billeted two months before. During the first winter, the New York Post-Graduate Unit cared for large numbers of medical cases sent in from training centers of the American Expeditionary Forces. Base Hospital No. 8 expanded during the spring of 1918 to a capacity of 3470 beds. Large tuberculosis, isolation and psychopathic departments and a school for blinded soldiers were organized. Classes in administration of anesthetics were conducted for nurses. A diet kitchen was later developed which served 2200 patients each day with delicacies and specially-prescribed articles of diet.

Hospital Unit "F," consisting of twenty-one nurses from the Harlem Hospital, New York City, arrived February 6, 1918, to supplement the nursing staff of Base Hospital No. 8. Even with these reënforcements, Base Hospital No. 8 suffered from the shortage of nurses felt throughout the early summer of 1918 by the other base hospitals attached to the American Expeditionary Forces. Patients came to Savenay from all parts of France. Miss Patmore wrote that during the major offensives patients sometimes were received from as many as three hospital trains in thirty-six hours, each train bringing between six and seven hundred wounded, fully one-half of whom were stretcher cases. On one "peak day" the New York Post-Graduate Unit had 5010 patients in the hospital and only eighty-four nurses to care for them, a ratio of 59.5 patients to each nurse. Overflow cases were housed in buildings which later became Base Hospital No. 69. "During those hectic months of the summer and autumn of 1918," wrote Miss Patmore, "we found time for little but *real life-saving service*. Perhaps the most wearing work of all was night duty in the psychopathic department and in those wards where the patients were running high fevers.

In their delirium, these men lived over again the battles they had fought, went over the top, killed the enemy or fell back wounded on the field, all of which was nerve-racking to the most experienced of nurses."

By October of 1918, the bed capacity of Savenay Hospital Center had reached 14,000 and even this number proved inadequate to cope with the influenza epidemic. Miss Patmore wrote:

> "Flu" first broke out in the prison camp at Savenay where over eighteen hundred German and Austrian prisoners were stockaded. The very sick ones were brought into our medical wards. Caring for those poor souls was one of our tragic experiences of service. With raging fever, glaring eyes and purple faces, in their delirium they too were back again in "No Man's Land" or on furlough going home.
>
> On October 9, 1918, we received a large convoy of our own boys from the boats at St. Nazaire. They had been exposed to the contagion at camps in the United States and were stricken on ship-board. Many of their comrades had died and had been buried at sea.

The New York Hospital Unit, Base Hospital No. 9, had sailed on the *Finland* with Base Hospital No. 8. This unit was assigned on September 7 to Châteauroux, Indre, which lay midway between Bordeaux and Paris. The French Government turned over to the American Expeditionary Forces new concrete buildings erected in 1914 as an asylum for the insane. Base Hospital No. 9 immediately set up an excellently equipped hospital of five hundred beds.

As with all the American bases, Base Hospital No. 9 soon trebled its original capacity. Mary Vroom, one time superintendent of the Greenwich Hospital Association, Greenwich, Connecticut, was chief nurse of the New York Hospital Unit and she wrote that "immediately after the arrival of the United States Engineers, barracks sprang up like mushrooms." When she was "making rounds" one morning at nine o'clock, she saw some timbers and planking lying in a vacant space between two other buildings. By eight o'clock that night, a new barracks had been completed, the wards furnished and fifty-four beds neatly made with white sheets and blankets folded back. Before morning every bed was filled.

During 1918, Châteauroux became an orthopedic center and the first Reconstruction aides assigned to foreign service demon-

strated there the value of occupational therapy as an aid to rapid convalescence.

The next American base hospital unit to go overseas was No. 27, which had been organized by the University of Pittsburg Medical School. Blanche S. Rulon was chief nurse. Miss Rulon was a graduate of the Women's Hospital of Philadelphia and since 1913 had been superintendent of the Eye and Ear Hospital, Pittsburgh. The nurses of Base Hospital No. 27 came from six hospitals in the same city.

Base Hospital No. 27 sailed from New York on September 27, after a delay at Ellis Island of five weeks. The early experiences of the group of nurses connected with this unit illustrated the entirely unforeseen kind of ability which Army chief nurses had to develop during the European War. When the unit arrived in Liverpool, the officers and men were separated from the group and the nurses were left to proceed to their destination alone. Without the help of any officer belonging to their formation and without any preliminary instructions or arrangements, the chief nurse saw to it that the members of her group with all their baggage were conducted in Liverpool from the hotel to the station, then later across London and aboard a train for Southampton, in spite of the fact that the station master had told her that this could not possibly be done. After an unheralded and unprepared-for arrival at Southampton, she got them on to a transport and across the Channel, although they had to spend the night in chairs in the corridors or two in a berth on the lower decks. After five days at Le Havre, the men of the unit arrived and the whole organization was put aboard a special train which took them to Angers where they arrived without the loss of a single nurse or of a single piece of luggage. Only those who have been through similar experiences will understand how this feat was accomplished, without authority, without large sums of money and without knowledge of the French language.

The Pittsburg Medical School Unit set up permanent quarters in the Mongazon, in Angers, in buildings which had formerly housed a seminary and in American-made barracks huts which were erected about the beautiful older structures. Base Hospital No. 27 held the record of being one of the most satisfactorily equipped American Army hospitals in France and of caring for the largest number of patients in any one single day in any of the American bases. The first nurses to be sent

for duty on a hospital train, Helen Burrey, Grace O'Donnell and Edna Cooper, were members of Base Hospital No. 27.

Vittel, a little town of the Vosges, thirty miles behind the line and forty-five miles from the German frontier, was the destination of United States Army Base Hospital No. 36, organized within the Detroit College of Medicine and mobilized into active service in September, 1917. Dr. Burt E. Shurley was director and Mrs. Betsey Long Harris was chief nurse of this unit. A New Englander by birth and ancestry, Mrs. Harris was graduated from the New York Infirmary for Women and Children. She was for some years superintendent of nurses of the Episcopal Hospital at Brooklyn, New York. At the completion of post-graduate work in Teachers College, she served as an instructor in Harper Hospital and in 1914 became superintendent of the Children's Free Hospital in Detroit. She resigned from this position to go with her unit for active service in France.

The personnel of Base Hospital No. 36 mobilized in Detroit on September 6 and sailed from New York seven weeks later on the S. S. *Orduna* for Halifax, where they joined a convoy of seven other ships. They arrived at Vittel on November 18 and spent the first three weeks in putting five large summer hotels of this resort in shape to receive patients. "With no stoves and little fuel to burn in the few tiny fire-places," wrote Mrs. Harris, "it was a bleak time for all of us."

A glimpse of the manner in which the rigid climate affected the raw American troops who were in training nearby was given in the diary of one of the nurses of Base Hospital No. 36. Twelve of the unit had been sent to Vaucouleurs on December 1, 1917, for service with the 42nd Division, and one of them, Jennie A. Abramson, wrote:

> December 2: Major Fairchild took us through the hospital, situated in two portable buildings and in an old chateau built in 1552. We found about seventy-five cases of mumps and measles in the loft of the barn. The French cots were very close together and the air was foul. A smoking stove added to the closeness but the boys said they didn't mind the smoke as much as the cold.
>
> December 8: We sent seventy-five cases of mumps and measles to Vittel today. In this raw climate, our soldiers, especially those from the southern states, seem to develop very easily anything from whooping cough to pneumonia.

By the end of November, 1917, the eight American bases located at Bazoilles, Chaumont, Bordeaux, Dijon, Savenay, Châteauroux, Angers and Vittel, and the Yale Mobile Unit at Limoges, comprised the only American Army hospitals with the United States Armies in France. The nursing staffs of these nine units then numbered approximately sixty-five nurses each, these six hundred women thus comprising the entire nursing strength of the American Expeditionary Forces in France.

The nursing personnel of the six Red Cross base hospitals assigned to the British Expeditionary Forces, reënforced by numerous hospital units, also numbered about six hundred nurses.

The chief nurses of these early units had had little, if any, experience in Army administration before assignment to active duty. The mobilization station for nurses at Ellis Island had not been established when the six base hospitals embarked in May, 1917, for service with the British Expeditionary Forces, and Miss Mury had little opportunity in the crowded summer of 1917 to instruct in Army paper work the chief nurses of the nine units assigned to the American forces. Each chief nurse was responsible to Miss Thompson in Washington for the conduct and discipline of her unit, but the standards of one chief nurse differed from those of another chief nurse and, moreover, Washington was separated by zealous censors and many miles of ocean from nurses on active duty in France.

During the summer of 1917, the office of the Chief Surgeon, American Expeditionary Forces, was located in Paris. On September 1, it was moved to Chaumont and all the records of the American Army nurses then in France were kept there. No nurses served, however, on the Chief Surgeon's staff. As the winter of 1917 approached, the twelve hundred American Army nurses in France needed new and warmer articles of clothing and of equipment. Requests for transfers from one base to another and from the zone of the base to that of the advance, came to the Chief Surgeon's office and made necessary the keeping of various new records and accounts. Moreover, disciplinary problems regarding the conduct of nurses, both on and off duty, constantly arose and a need was felt for an authoritative representative of the Army Nurse Corps in France to whom chief and staff nurses of American base hospitals might turn for decisions upon these questions.

On November 13, 1917, Bessie S. Bell, who had formerly been chief nurse of Walter Reed Hospital, Washington, D. C., arrived in France on orders from the Surgeon General to act as Chief Nurse of the American Expeditionary Forces. Anna E. Coffey, Army Nurse Corps, accompanied her as her assistant. Miss Bell's office was placed in the Bureau of Personnel, of which Colonel E. M. Welles, Jr., was in command, and she and her assistant handled all nursing matters. The office of the Chief Surgeon was moved in January, 1918, to Tours and the headquarters of the Army Nurse Corps in France was established there.[35]

Between December, 1917, and the launching of the German offensive on March 26, 1918, less than nine hundred additional nurses were sent overseas. Many of these were members of Red Cross hospital units which were assigned to reënforce the staffs of already-established base hospitals. Others were "casuals" who were assigned to fill various vacancies caused by transfers, illness and death among the original staffs of base hospitals then on duty with the American and the British Expeditionary Forces, or to duty in new base hospitals and other sanitary formations organized by the Surgeon General without the assistance of the American Red Cross. During this period, Red Cross archives record the arrival in France of four additional base hospitals from among the fifty original columns which the Red Cross had undertaken to organize for the Surgeon General's office.

The tenth American Red Cross base hospital to arrive in France was the Buffalo Unit, United States Army Base Hospital No. 23, which had been organized from the alumnæ and staffs of various registered hospitals in Buffalo, New York. The personnel embarked November 22, 1917, from New York and upon their arrival in France, were assigned to duty near Base Hospital No. 36, in the rapidly-developing hospital center at Vittel. Lawrie L. Phillips, a graduate of the Buffalo General Hospital, was chief nurse. During the summer of 1918, Base Hospital No. 23 was expanded to a bed capacity of 2800 and it operated as an evacuation hospital during the St. Mihiel drive.

Contrexéville, a well-known French watering-place in the Vosges, served also as an American hospital center during the

[35] See "History of the Nursing Activities on the Western Front during War Period," Julia C. Stimson, p. 10.

European War. United States Army Base Hospital No. 32 arrived there on Christmas Eve, 1917. This unit had been organized at the Indianapolis City Hospital, Indianapolis, Indiana. Florence J. Martin, a graduate of the Pennsylvania Hospital, Philadelphia, was chief nurse.

Contrexéville possessed famous mineral springs; it owed its reputation especially to the Pavilion Spring, the waters of which had been prescribed for King Stanislas of Lorraine. It was a favorite place for soldiers on leave and Miss Martin wrote that during the summer of 1918 the town "was thronged with French infantrymen in horizon blue, *chasseurs* in dark blue tam o' shanters with gold bugles embroidered upon them, Algerians with scarlet fezzes and gold crescents, Czecho-Slovaks, British Tommies and Scotch kilties, Italians, Chinese, Hindoos and an Egyptian or two, to say nothing of the men in green with P. W. stamped on their backs, who marched to and from their work with an armed doughboy following them."

Contrexéville was splendidly equipped from a sanitary standpoint, in distinct contrast to the meager provision at some of the other American bases. Miss Martin wrote:

> At our enormous bath-house, with its hundreds of tubs rented by the Red Cross, dazed-looking, slightly-wounded doughboys lined up in the colonnade on dozens of benches waiting their turn for the warm, refreshing water. Here, where formerly only kings and the wealthy people of the earth bathed, any doughboy who could walk or limp enjoyed the bath to its fullest extent.

On the American line of communications almost midway between Dijon and Bordeaux lay the city of Limoges, the destination of the United States Army Base Hospital No. 24, of Tulane University, New Orleans, Louisiana. This unit took over on March 18, 1918, the buildings occupied since September, 1917, by Base Hospital No. 39, the name by which the Yale Mobile Unit was known until it was sent in the spring of 1918 to the forward area when it became Mobile Hospital No. 39.

Ethel A. Holmes (Johns Hopkins) was chief nurse of Base Hospital No. 24. The nursing staff was composed of graduates from twenty-six training schools located in all parts of the south.

Bellevue Hospital, New York City, had been the first institution to complete the organization of its nursing staff and had been given the designation of Base Hospital No. 1, but this unit, made up of personnel of the big municipal hospital, did not arrive in France until March, 1918. They were assigned to the city of Vichy, in the Department of Cantal, destined to become one of the principal hospital centers of the American Expeditionary Forces. Beatrice Bamber, chief nurse of Base Hospital No. 1, wrote of the arrival of the unit:

> We reached Vichy about midnight of March 12, the pioneers of the subsequent American invasion of this ancient city. Quarters and wards were immediately established in the larger hotels. Until the arrival of Base Hospital No. 19 [Rochester, N. Y.] in June, 1918, we maintained alone a hospital of six thousand beds. The University of California Unit established in May their base in the Hotel Royal and in August, the New York Eye and Ear Hospital took over the Ruhl Hotel as Base Hospital No. 115.

Previous to March, 1918, the American Expeditionary Forces had taken little part in active hostilities on the Western Front. The War Department, it will be remembered, had been occupied chiefly in the training and transportation of troops and the shipment of supplies. Combat troops and supplies, it will also be remembered, were given right of way over medical personnel, consequently an acute shortage of nurses existed in the American Expeditionary Forces. Previous to March, 1918, the movement of American troops had been comparatively slow, but the Army planned during the early summer to land an army of over two million soldiers on Allied soil and did send during the last six months of hostilities over a million and a half soldiers to France. Swift and substantial increase in the medical and nursing personnel during the spring and summer of 1918 was paramount, if this contemplated army of two million men was to have adequate medical and nursing care.

In her report as director of the Nursing Service of the American Expeditionary Forces, Miss Stimson stated that on March 30, 1918, there were 2088 nurses in France, of whom approximately 700 were on duty with the British Expeditionary Forces. According to Colonel Ayres' official summary, there were on March 30, 1918, about 231,357 American soldiers

in France.[36] The ratio of nurses to soldier was thus 110.8. In accordance with the estimate agreed upon in July, 1917, by General Headquarters, that the sanitary personnel of the Army should constitute 7.65 per cent of the total strength of the forces, it is evident that a considerable shortage of nurses existed during the spring of 1918. In her report, Miss Stimson fixed this shortage at 400 nurses.[37]

By the middle of April, approximately 300,000 American soldiers had been landed in France and the shortage of nurses was then estimated at 1121.[37] "About this time," wrote Miss Stimson, "the statement was made that 'a breakdown in medical service was threatened' and on May 3 a cable was sent asking for the immediate dispatch of 555 nurses."

This was the request, it will be recalled, which stripped the cantonments bare of nurses in May, 1918. It resulted in the immediate dispatch of many base hospitals, the nursing staffs of which had been scattered among the cantonments.

Among these units was United States Army Base Hospital No. 20, organized at the University of Pennsylvania. The nurses of this Red Cross column had been stationed during the winter of 1917 in various cantonments; the chief nurse, Edith B. Irwin, had been assigned to Camp Taylor. The entire personnel of Base Hospital No. 20 was mobilized on February 18, 1918, at Ellis Island. Great was the disappointment of the nurses to learn that, instead of sailing at once, they were detailed to take over the Immigration Hospital in New York Harbor. However, overseas orders finally came on April 20 and Base Hospital No. 20 sailed four days later on the *Leviathan* for Brest. Upon the arrival of the unit in France, they entrained for Châtelguyon, in the south-central part of the country. Miss Irwin wrote of the travel conditions:

> There were six nurses in each compartment. At night we put our suitcases in the center and slept crosswise. There was no water on the train and two or three times a day we would stop, sometimes long enough for us to wash up a bit. On the second day of the trip, the train stopped at a place where one hydrant and several tubs of water had been prepared for us. Armed with soap, towels and tooth-brushes, everybody got off. The men shaved and the girls combed; it really was a very funny sight.

[36] "The War with Germany," p. 37.

[37] "History of Nursing Activities on the Western Front during the War Period," Julia C. Stimson, p. 7.

Châtelguyon was a famous health resort; its thirty-three mineral springs, which yielded daily one million, two hundred thousand gallons of water varying from seventy to one hundred degrees Fahrenheit, had made it a center for invalids and tourists from all parts of the world. Upon the arrival there of the University of Pennsylvania Unit, Base Hospital No. 20, it was established in thirty-two buildings, largely summer hotels and *pensions.* The *Hotel du Parc,* with a bed capacity of three hundred and seventy-five, was selected as the chief surgical building. Less serious non-ambulatory cases were established in the Hotels *Splendid, Nouvel* and *Régence,* because of favorable mess facilities. Ambulatory, slightly wounded and convalescing patients were quartered in the Hotels *Castel-Regina, Castel-Guy, De France, Elizabeth, Bon Accueil, Medeah* and *Thermes.* Medical patients were first cared for in wards of the *Hotel du Parc;* later the two *Thermalias,* the Front *Hermitage,* the *Bruyères,* the *Chrysanthèmes,* and wards of the *Splendid, Nouvel* and *Régence* Hotels were used for medical patients. The nursing staff was permanently quartered in the *Hotel International,* the officers in the *Hotel des Princes* and the enlisted men in the *Villas Florence, Trianon* and *Palais Royal.*

In spite of their pretentious names, these summer hotels had meager heating, lighting and plumbing facilities and limited equipment. It required herculean labors on the part of the personnel of Base Hospital No. 20 to clean and equip them as a base hospital. Seven hundred thousand feet, more or less, of floors, walls and ceilings of quarters previously occupied by eight hundred sick Algerian soldiers were cleaned by the enlisted personnel of the Buffalo Unit and "after the men had cleaned the premises to suit the male mind, the nurses literally got down on their hands and knees and with rag and brush, broom and mop, recleaned these floors, walls, wood-work and ceiling." [38]

Here as in other American sanitary centers in France, the acute shortage of nurses greatly overtaxed the endurance of the nursing staff. "We never had more than the original sixty-five nurses," wrote Miss Irwin, "and at no time after the organization of the hospital did we have even that number. When we were busiest with twenty-two hundred and seventy patients, we had only forty-nine nurses on duty." No "casual" nurses

[38] "History of U. S. Army Base Hospital No. 20," p. 37; E. A. Wright Company, Philadelphia, Pa., 1920.

were assigned to Base Hospital No. 20. The original number did all the nursing at No. 20, staffed Camp Hospital No. 44 and furnished nurses for various medical and surgical teams at the front.

United States Army Base Hospital No. 46, organized at the University of Oregon, Portland, Oregon, embarked for France in June, 1918. Grace Phelps, chief nurse, and the other members of the nursing staff had seen service in cantonments in the United States. Upon its arrival in France Base Hospital No. 46 was assigned to supplement the bed capacity of Bazoilles Hospital Center. From the little peasant village which the Johns Hopkins Unit had found upon their arrival there in July, 1917, Bazoilles had developed by July, 1918, into one of the most important sanitary outposts of the Medical Corps. Eleanor Donaldson, a member of Base Hospital No. 46, wrote of the line of communications which passed below the nurses' recreation house at Bazoilles:

> One of our doorways faced a panorama of wood crowned hills, a river and three of the great roads in France. One road was tree-bordered, a silver line where trucks and motors passed up and down endlessly. The second was the railroad on which our boys went to the battlefields, singing, waving and cheering, and on which they returned to us silent, broken but undaunted. There was a special train known as "old 56" and when it was missing from the tracks, we knew the errand on which it had gone and anxiously watched for its return. It used to come around the hills so slowly that one could scarcely see it move, or be sure it halted until the three short whistles that meant "convoy in!" called us to our posts in the wards. The third road ran just a few yards from our tent door, with the river beyond, the last road of all for the boys we left in France. It was a short road, ending in a plot at the foot of the hill where the sunset light touched the white crosses, row on row.

United States Army Base Hospital No. 13 arrived in France in June, 1918, and was assigned to Limoges to raise the bed capacity of that center. This unit had been organized from the staff and alumnæ of the Presbyterian and Cook County Hospitals, Chicago, Illinois. Mabel K. Adams, chief nurse, had already served in the European War with Dr. J. B. Murphy's Unit which was attached in 1915 to No. 23 General Hospital, British Expeditionary Forces, Étaples, France. The

other nurses of Base Hospital No. 13 had seen duty at Camp Dodge, Iowa, and Camp Pike, Arkansas, before their mobilization for foreign service.

Base Hospital No. 13 set up a hospital in the *Champs de Juillet,* Limoges, and immediately received patients who had been wounded in the German offensive of June, 1918, upon Paris. Miss Adams wrote:

> In the long, low receiving ward, rude and bare, they were lifted from the floor onto the tables and their history was taken. "Kind of a rough ride, eh, Buddie?"
>
> Next came the "up cases," with their uniforms torn and caked with mud, their faces haggard and worn. Some of them still clutched a few precious souvenirs tied in a handkerchief or in an old rag. Many were so exhausted that they slept while they waited in line to be registered.
>
> Finally the last ambulance was unloaded, the last patient entered, the night supervisor had gone to the wards to help, the day nurses had turned the work over to the night shift, the secretaries, tired and stiff, left their typewriters and the officer of the day had started his night rounds. With a distant rumble and a final honk, the trucks and ambulances were through for the night and the drivers and stretcher bearers crawled into their wooden bunks. The early morning hours found the camp very quiet, with only the guards trudging back and forth on their lonely posts.

The rapidity with which combat troops were sent overseas in June, 1918, has been described in a previous chapter. Large numbers of medical and nursing personnel accompanied these troops. On the *Baltic* which sailed June 4 were Base Hospitals Nos. 19, 22 and 26, comprising three hundred nurses. The convoy of nine vessels, of which the *Baltimore* was one, with destroyers, aeroplanes, hydroplanes and submarine chasers, carried thirty thousand men and twelve hundred officers for the American Expeditionary Forces.

Base Hospital No. 19 (Rochester Homeopathic Unit) reported at Vichy. Base Hospitals Nos. 115 and 119 which sailed later in June, were also assigned to Vichy. Base Hospital No. 28 (Kansas City) sailed during the last weeks in June and was assigned to duty at Limoges.

July 15, 1918, saw the failure of the last German offensive on Paris. The enemy had attacked simultaneously on both sides of Rheims but his path was everywhere blocked by the

French and American armies. Three days later, July 18, Marshal Foch seized the initiative which passed from General Ludendorff and launched the great Allied offensive, which was destined to break the Hindenburg Line and result in the final collapse of the German Army.

Eighty-five thousand American troops of the Forty-second, the Third and the Twenty-eighth Divisions had been engaged in the battle of July 15 which checked the German advance across the Marne. In the counter-offensive of July 18, the First, Second, Third, Fourth, Twenty-sixth, Twenty-eighth, Thirty-second and Forty-second Divisions, together with selected French troops, went into action.

At the beginning of the Allied offensive, July 18, 1918, the Medical Corps, American Expeditionary Forces, was maintaining forty-five base hospitals in France and England. Thirty-nine of these were units which had been organized and equipped by the American Red Cross.

Miss Stimson summarized the nursing needs of the American Expeditionary Forces in France at this crucial time: "On July 27, reports stated that 'the recent fighting has been so severe that the resources of the Medical Division have been practically exhausted in so far as personnel is concerned." On August 10, General Headquarters, A. E. F., sent a cable which requested absolute priority for medical organizations, including 2312 nurses.[39]

This shortage had been foreseen by the Surgeon General's office and General Gorgas had issued an order on August 1, 1918, that one thousand nurses should be sent overseas each week for a period of eight weeks. The Surgeon General requested the American Red Cross to prepare to equip these nurses as they came down to New York for embarkation. Moreover, he called upon the Nursing Service, as the reserve of the Army Nurse Corps, to enroll one thousand nurses a week for the same period of eight weeks to fill the vacancies which would be caused in the cantonments by the withdrawal of nurses for foreign service.

By the early summer of 1918, the Medical Corps had finished the establishment of the principal sanitary centers of the American Expeditionary Forces along the American line of communications. The additional base hospitals which arrived

[39] "History of Nursing Activities on the Western Front during War Period," Julia C. Stimson, p. 8.

in France between June and November were assigned to these already established centers to raise the bed capacity of the Medical Corps at that given point. The new units did not lose their identity in that of the original base hospital located there, but they formed instead individual units of a group of base hospitals. These groups were designated as hospital centers.

One thousand nurses arrived in France in August. Among these was the staff of Base Hospital No. 14, organized from St. Luke's and Michael Reese Hospitals, Chicago, which reported August 16 at the hospital center at Mars-sur-Allier, to relieve nurses of Base Hospitals Nos. 48 and 68, then detached from their own units at Mesves. Base Hospital No. 449 (University of Nebraska), which had sailed August 26, was ordered also to Mars-sur-Allier. As other base hospitals which had been organized by the Surgeon General's office or the Red Cross reported for duty in France in August and September, 1918, they were housed in wooden barracks and thus developed the great hospital centers of the American Expeditionary Forces at Allerey, Bazoilles, Beau Desert, Mars, Mesves, Le Mans, Nantes, Savenay, Toul, Vichy, Kerhuon, Pau, Commercy, Orleans, Beaune, Tours, Vittel-Contrexéville, Clermont-Ferrand, Limoges, Rimaucourt, Langres, Vannes, Angers, Perigueux and the hospitals, largely convalescent, of the Riviera district.

At the signing of the Armistice, the Medical Division of the American Expeditionary Forces was maintaining one hundred and fifty-three base hospitals in France and the nurses on active duty in these formations suffered in varying degrees from inconvenience and discomfort caused by cold, crowded and often meagerly equipped quarters. A difficult housing problem confronted the Chief Surgeon of the American Expeditionary Forces. Colonel Sanford H. Wadhams, representative of the Chief Surgeon's office, Group B, G.4, on the General Staff of the American Expeditionary Forces, wrote:

> Buildings acquired from the French before it was possible to construct hospitals, comprised French hospitals taken over intact, hotels, barracks, schools and even stables. Available buildings in France at this time which could answer the purpose of providing hospital facilities were very limited. The French, British, Belgian and Italian Governments had all had their choice and there were also a large number of

> hospitals maintained by volunteer aid societies from different parts of the world. Consequently the buildings obtained were generally of a most unsatisfactory character, very expensive to maintain, difficult to administer and usually required an excessive number of personnel to operate them properly. Few school buildings had running water, sewer connections, or toilet facilities. The hotels taken over were largely summer hotels, without heating facilities and with insufficient water and very limited plumbing.

This shortage of suitable buildings which could be secured for hospitalization purposes and the dearth of building materials in France made necessary the crowding of many nurses into limited quarters. Colonel Wadhams' report continued:

> Soon after starting their construction program, the General Staff faced the prospect of being unable to have transported to France, or to obtain there, sufficient building material to carry on the many construction projects confronting these forces. The first change in the plans prescribed by General Headquarters was to reduce the space in the living quarters allowed to officers, nurses and enlisted men (G. O. 46, 1917, A.E.F.). The Chief Surgeon's office was willing to make sacrifices as regards officers and enlisted men, but strenuously opposed, without success, reducing the modest allowances that had been prescribed for the nurses in these units.
>
> Despite our protestations and as adopted, the order prescribed that our nurses sleep in double-tier bunks, with scarcely sufficient floor space to get around. This subjected these worthy women to considerable hardship that seemed unwarranted. This inconsistent attitude on the part of the authorities who reviewed our plans was later changed, largely due to the individual effort and critical reports rendered by the Inspector General of these Forces. As amended, the nurses eventually were given living quarters and the same allowance as was prescribed for junior officers.[40]

In many cases the cement floors of the barracks were constantly wet and trunks, bags, shoes and anything left on the floor mildewed immediately. Often the roof and walls of the barracks let in wind and rain. The most satisfactory type of building was the regulation brick or wood barrack with

[40] G. O. 58, 1918, A. E. F., Col. Wadham's Report, p. 927, Surgeon General's Office, U. S. A., Washington, D. C.



Photo by Air Service, U. S. A.

An airplane view of Savenay Hospital Center, Medical Corps, A. E. F. in France, showing five base hospitals: at the upper left appear the Isolation Barracks of No. 118; at the right and slightly behind the Isolation Barracks is No. 100; across the road from No. 100 is No. 69; in the center and left of the bend in the road is No. 119; at the extreme left in the foreground is No. 113

separate entrance for every four rooms and with indoor toilet facilities and running water. A stove sufficiently large to heat all four rooms was located in each hallway. Generally not more than two nurses were quartered in each room. "The comfort of these quarters," wrote Miss Stimson, "compared to the large, bare, cold dormitories in French buildings which had to be used by from twenty to fifty women, which had no conveniences and most inadequate toilet and washing facilities, was really all that could be hoped for in the field."

Rations for Army nurses were the same as those allowed for patients and were on the whole varied and ample. Previous to 1917, Congress had allowed forty cents a day for food for patients and Army nurses, but experience proved this amount to be inadequate in view of the greatly increased cost of supplies during the war period. The Surgeon General accordingly asked the American Red Cross to make an additional daily provision of thirty-five cents for each patient and nurse, bringing the allowance to seventy-five cents, an amount conceded to be satisfactory, until Congressional action could be passed affixing the legal allowance at seventy-five cents. The Red Cross appropriated funds for this purpose until May, 1918; the amount expended for food for patients and Army nurses was well over $185,000. "Colonel Ireland," recorded the Minutes of a meeting of the Red Cross War Council, May 18, 1918, "stated that ample provision has now been made by the Government for the sick in hospitals and for members of the Army Nurse Corps."

The method in which nurses' meals were cooked and served depended largely upon local conditions. Sometimes nurses stood up in the "chow-lines" with their mess-kits, as did the doughboys. Sometimes they messed with the officers of their unit. In base, evacuation and camp hospitals, the staffs of which were large enough to make such an arrangement practicable, a separate nurses' mess was considered by Miss Stimson to be the most satisfactory plan. An excellent combination was to put such a mess under the direction of a nurse "whose duty it was to coöperate with the regular mess officer and in addition to give her personal attention to the cooking and serving of meals," and to employ Army cooks to cook them and French women to serve them.[41]

[41] "History of the Nursing Activities, A. E. F., on the Western Front during the War Period." Julia C. Stimson, p. 13.

Perhaps the greatest single continued discomfort which nurses experienced on active service with the American Expeditionary Forces was the doing a large part of their own laundry work. Some hospitals maintained their own establishments; others were able to send the nurses' laundry to commercial firms in nearby towns. But in the large proportion of hospitals, the nurses were obliged to wash their uniforms and other articles of clothing themselves, because there appeared to be no other way of getting it done. "Particularly during the times when the actual physical strength of the nurses was taxed to the very utmost in their care of the patients," wrote Miss Stimson, "this was a great hardship." A nurse wrote: "Washing clothes at night after nursing all day wore us out."

If recreation in a cantonment hospital in the United States was difficult to get, it was well nigh impossible at an isolated base in France. Mud and sleet made walking practically out of the question during the winter months. The nurses' quarters were usually so crowded that the nurses found little relaxation there. The Red Cross soon constructed in the principal base hospital centers recreation huts for the patients and the libraries in these huts, as well as motion picture programs and other performances which were provided there, were open to the nurses. American Red Cross canteen and recreation hut workers were assigned to duty and nurses had reason to be grateful, indeed, to them for many services faithfully and sympathetically rendered.

The American Red Cross also built in many hospital centers special recreation houses for the nurses and upon the recommendation of the Army chief nurses, invited the Young Women's Christian Association to send secretaries to act as hostesses at these houses. The success of this work was due in large part to the tactfulness and administrative ability of Margaret S. Morriss, who resigned from the faculty of Mount Holyoke College and went overseas in December, 1917, as a Y. W. C. A. Secretary. She was first assigned to Base Hospital No. 27 at Angers, where the value of the service which she had come to render to nurses was proven beyond a doubt. In the early summer of 1918, she was sent to the Headquarters of her association in Paris and there took charge of this phase of the work of the Young Women's Christian Association in all the base hospitals of the American Expeditionary Forces to which secretaries were assigned.

Far more discouraging than the crowded quarters, the sometimes unsavory food, the laundry problem and the lack of recreation was the exhaustive burden of professional work which the general shortage of nurses in the American Expeditionary Forces placed upon the Army nurses on duty in the zone of the base. This shortage has been emphasized in previous paragraphs but it should be noted that it still continued, due to the transportation situation and the dire military need for giving combat troops and supplies the right of way over medical personnel. To stimulate nurses to enter military service, General Ireland, then Chief Surgeon of the A. E. F., cabled National Headquarters on September 4, 1918, "that the American Expeditionary Forces need at present four thousand nurses. We will need," he continued, "one hundred nurses with each additional base hospital and there are four to each division; forty nurses with each evacuation hospital and there are two to each division. In addition to this, we need a great number of nurses for camp hospitals and emergency calls we receive daily."

The War Diary of September 9, 1918, stated that "base hospitals have been stripped of every available officer and nurse for the purpose of forming surgical teams and in the event of extreme activity of our troops at the front, there undoubtedly will be the greatest difficulty in taking care of patients sent back to the base hospitals in the S. O. S. The situation," continued this entry of the Diary, "was saved only by the self-sacrificing spirit of officers, nurses and men. During the period from July 18 to November 11, the amount of work done was such that no praise would be great enough. It was not at all uncommon for nurses to work fourteen to eighteen hours a day for weeks at a time. . . ." [42]

Statistics of the "peak days" at hospital centers showed sharp contrast between actual conditions and the estimated ratio of ten-beds-to-one-nurse which the War Department felt in 1917 would be a safe margin on which to reckon the nursing needs of the Army. In the six hospitals at Mars, there was on November 16, 1918, an average of 29.0 patients to each nurse. In the seven hospitals at Toul, there was on November 28 an average of 34.2 patients to each nurse. In the six hospitals at Allerey, there was on November 17 an average of 17.6 patients to each nurse. And at Mesves Center, in its ten hospitals, there

[42] "History of the Nursing Activities, A.E.F., on the Western Front during the War Period," J. C. Stimson, p. 13.

was on November 16 an average of 51.2 patients to each nurse.[43]

Like cantonment duty in the United States, field service in base hospitals in France lacked the horrible yet stimulating pageantry of nursing at the front. Periods of intense strain characterized the service both in the forward areas and in the zone of the base, but the duration of such periods in the base, observed Miss Stimson, averaged a longer period than did the most severe periods in evacuation and mobile hospitals. Nor was there present in the zone of the base the excitement of real emergency and the thrill of danger to challenge the nurses' imaginations and spur them to heroic moments. There was only continued, patient, monotonous, exhausting work.

Colonel Wadhams wrote of the base hospitals that "it is unfortunate but certain that the Army and the people at large will never be able to realize the debt of gratitude which they owe to the personnel of these units. . . . Surgeons and nurses literally dropped at the operating-tables from fatigue." [44]

And the morale of the 10,061 American Army nurses, regulars and reserves, who served in the zone of the base with the American Expeditionary Forces in France? These women had gone to France with high hopes for rendering heroic service but with extremely vague conceptions of what this service would in actuality consist. When they arrived, they were quietly absorbed in the Sanitary Service and were sent to bases far behind the lines, to lonely and remote French villages where living conditions were primitive and social customs strange. Instead of the assignment, immediate or later for most of them, to the fighting zones which they coveted, the zones where they had imagined themselves as rendering spectacular service, they were sent to the rear of the Armies and scrubbed floors in dirty and dilapidated French buildings or in rude wooden barracks, set up wards, made beds and nursed contagious cases. During 1917 and the early part of 1918, physical discomfort, manual toil, loneliness and monotony was the order, not the exception, of their day. In addition to bearing the responsibility of housework which should have been done by orderlies and convalescent patients and to performing comparatively uninterest-

[43] "History of the Nursing Activities, A.E.F., on the Western Front during the War Period." J. C. Stimson, p. 8.

[44] "Report of Colonel Sanford Wadhams, Chief, Group B., G. 4, General Staff, G. H. Q., A. E. F." Surgeon General's Office, U. S. A., Washington, D. C.

ing professional duties, they were under the strain of endless inspections and criticisms of conditions beyond their power to remedy.

A last straw for most of them was the formation of forward professional teams. During the spring and summer of 1918, nurses to the numbers of 2662 were detached from the staffs of the base hospitals and sent to the zone of the advance, leaving to the 7000 nurses remaining in the bases, greatly increased duties and the poignant disappointment of not having been chosen to share in the most romantic and spectacular phase of war nursing.

Then during the early summer of 1918, the pendulum swung, even in the zone of the base, to the other extreme and the nurses in the base hospitals were called upon to shoulder a task as difficult as was that at the front, a task, however, which lacked the features which made front line service heroic and, therefore, more easily endurable. American troops went into action at Château-Thierry and the wards of all American sanitary formations were crowded with wounded men. Nurses, surgeons and orderlies, as has been stated before, worked until they could work no more. Discouraged by apparently futile efforts to improve conditions, exhausted by the herculean labor demanded of them, in many cases harried by constant bombardments and bewildered by the sight and suffering of the disfigured men, the nurses were sobered and numbed by fatigue and horror into silence and disillusionment. War no longer appeared to be a fine, a brave, an heroic thing.

All of them sobered, many of them silenced, a few of them embittered, they nevertheless did efficient work and did it at least as gallantly as women have met crises before—and even though this may sound contradictory when the disillusionment and bitterness is considered, they did rise spiritually to their task. They could do no less, for they had only to look about them in the wards to find examples of fortitude and cheerfulness which shamed their complaints into silence and sent them about their work. "The wounded are so brave," wrote Sara Parsons, herself an Army nurse as well as a veteran in nursing education and administration, "that no woman with a heart, as long as she has strength to stand on her feet and keep going, could yield to discouragement and depression."

Even though the nurses had little time for the expression of their sympathy and admiration for the wounded, even though

many of them may have been short at times in patience, even though a few of them broke under the strain, none who know conditions as they actually existed, may say with truth that their work was not bravely and well done! Much has been written in eulogy of the war nurse, but to nurses, the thoughtful and well-weighed sentences of one who knew, William S. Thayer, are praise enough:

> Only tried women are suitable to go out into nursing, and especially into army nursing. No better proof of this can be found than the prejudice which existed in 1898 among many excellent medical officers of the Army, against the introduction of the trained nurse regularly into the Army service. These officers could not conceive the presence of attractive young women among the somewhat rough boys of the Army without complications and scandal. This prejudice still persisted among some Army officers after twenty years. . . .
>
> I remember well the conditions of the Spanish War. I remember the fine work done by nurses; but I remember also the difficulties, the anxieties and the obstacles in the way of those who endeavored to maintain the standards of the service and to show to the Medical Corps what nursing in the Army might and should be.
>
> Twenty years later . . . nearly eleven thousand regular and reserve nurses served in France alone. The anxieties and the danger of the voyage these women bore as calmly, and often more so, than the men. To their work in France I can testify as one who was among them. I saw them under all conditions. In the hurriedly improvised camp hospital of the crowded base port, and in isolated points in the base sections; in spots removed from all that was interesting and stimulating, where, at times, refined women had to sleep crowded together, twenty or thirty in a rough, open ward, without privacy, with the crudest and most insufficient sanitary arrangements, exposed continually in damp rainy weather, with mud so deep that one could navigate only in rubber boots. I saw them in half-finished base hospitals in the Vosges, under like conditions, in the bitter northern winter, where with fingers and toes numb and blanched with cold, one nurse had almost to care for a whole, ill-heated ward. I saw them work day in and day out without rest, without recreation, in the darkened wards by night, and the fog and rain by day, and bear the strain every bit as well as men. . . . They served without fear, without flinching, without complaint. But one murmur did I hear, and this a murmur and not a complaint,

> a regret that it might not be given to them to share more fully the duties and the responsibilities at the points of greatest danger. Wherever they went they brought order and cleanliness, and system and contentment and peace. Ask the doughboy what it meant to him to find himself at last in a ward presided over by a nurse. Try to say a light word about a nurse to a doughboy who has been under her care![45]
>
> . . . . . .

While the United States Medical Corps was organizing sanitary units in the zones of the base and the advance, the American Red Cross Commission for Europe was setting up a supplementary medical and nursing service to take care of emergency demands which the less flexible structure of the Military Establishment could not meet. The American Red Cross in France served as an emergency arm of the Medical Department of the American Expeditionary Forces and the Nursing Service formed a vital phase of this service. An account of its development and accomplishments constitutes a dramatic and complex chapter of military nursing history.

The American Red Cross Nursing Service in France may well be compared to a small and sturdy ship in strange and troublous waters, a ship on which many masters strove for command, a ship buffeted about by changing winds of European and American public opinion, threatened by perilous shoals of fundamental professional nursing, military and lay policy and strained by emergencies which demanded service in proportions such as have never before been demanded of women. That this ship came at last gallantly to port speaks well indeed for the stamina of those who formed her crew.

To gain a true understanding of the nature and value of the nursing service rendered by the American Red Cross in France, an appreciation is necessary of French nursing progress, of French and American social conditions, of American Army and American Red Cross organization and of the military situation which confronted the Allies in 1917 and 1918. Each of these determining factors will be treated in turn.

The French Red Cross united the prominent women of France in volunteer work in time of war. This organization

[45] "Nursing and the Art of Medicine": An address delivered by Dr. W. S. Thayer, late Brigadier General, Medical Corps, U. S. A., before a meeting held in memory of Jane A. Delano, Philadelphia, May 7, 1919; later published in the *American Journal of Nursing*, December, 1919.

was divided into three societies as follows: (1) *Société Française de Secours aux Blessés Militaires;* (2) *Union des Femmes de France;* (3) *Association des Dames Françaises.*

Each of these three societies had its own organization and direction and arranged for its own financing. The *Société Française de Secours aux Blessés Militaires* was directed by a committee of men, but the other two societies were managed entirely by women, with men serving only as consultants at board meetings. The three societies were united through a Central Committee which alone possessed the authority to maintain official relations with the International Committee of the Red Cross at Geneva and with foreign Red Cross societies.[46]

The *Société Française de Secours aux Blessés Militaires* was created in June, 1864, and was recognized to be of public utility on June 23, 1866. It was estimated that in April, 1917, this society was maintaining eight hundred hospitals with a total capacity of seventy thousand beds.[47] The nurses for these hospitals were all members of the *Société Française de Secours aux Blessés Militaires* and had received instruction in nursing offered by the society. The course of studies was given at a large dispensary school in the *Place des Peupliers,* covered five months and led to the first diploma, or *Diplôme Simple.*

During the summer of 1916, Miss Maxwell and Miss Irene Givenwilson made the inspection tour of sixty-seven French, British and Belgian military hospitals, which has been described in a preceding section. A report of this tour submitted in October, 1916, by Miss Givenwilson to Miss Delano contained the following statement:

> All members of the French Red Cross belong to the upper and middle classes and the whole service is voluntary for the love of country and humanity. There are about thirty thousand members at present enrolled as nurses. Some of these, owing to adverse circumstances, may require pecuniary assistance and this is granted out of the funds of the society, but it is never looked upon as remuneration for services rendered.
>
> The *Société de Secours aux Blessés Militaires* is the largest of the three associations. . . . The training school in Paris is known as the *Hôpital-École* and is presided over by Mlle.

[46] See "Report of the French Red Cross," written by William G. Sharp, Ambassador to France, to the U. S. State Department, April 27, 1917, filed Library, National Headquarters, Washington, D. C.

[47] *Ibid.*

Genin. Here all aspirants to membership undergo a strict training daily for five months before they can present themselves for examination and receive the first diploma which admits them to the society. To acquire the mental attitude necessary for service in time of war, three principles are strongly impressed upon the pupils during their training: (1) unity of action; (2) unity of thought; (3) unity of submission.[48]

The training offered by the *Société de Secours aux Blessés Militaires* was described as follows by Mme. Edouard Krebs-Japy, in *L'Infirmière*:

Schools for Training Red Cross Nurses:

A. The Society for Assistance to Wounded Soldiers:

I. Hospital School in the Square des Peupliers, Paris (XIII). Directrice, Mlle. Genin.

Prerequisites for admission: The applicants must be twenty years of age, must bring responsible references, must belong to the Society for Assistance to Wounded Soldiers and must promise to serve in case of war or public calamity.

The subjects are arranged as follows: (a) A five months' period of instruction, entitling the applicant to appear for examination, for the purpose of obtaining a primary diploma conferring the title of nurse to the society. The nurse is entitled to a service book and may be assigned to medical or surgical sanitary units, civil or military, in case of war. (b) A second nine months' period of study and theoretical instruction will be required for obtaining the second degree. Only nurses having the primary diploma and who are from twenty-five to forty-five years old may be admitted to receive this supplementary instruction. The final examination will allow the applicant to obtain a second degree diploma, entitling her to be known as a head nurse or supervisor. . . .

II. In the provinces, the society trains its nurses in its numerous *dispensary-schools*.[49]

Miss Givenwilson's diary contained the following comment regarding a visit made by Miss Maxwell and herself to the *Hôpital-École*:

[48] "Report of the Voluntary Nursing Services of England and France:" I. M. Givenwilson, pp. 7-9; Library, National Headquarters, Washington, D. C.

[49] *L'Infirmière*; Mme. Edouard Krebs-Japy, pp. 60-61, Librairie Armand Colin, 1921, Paris, France.

> Miss Maxwell and I then set out for the Red Cross Training Hospital for Nurses in the *Place des Peupliers*, of which Mlle. Genin, Chevalier of the Legion of Honneur, is the directrice. . . . We had a most interesting talk with Mlle. Genin. She has a wonderful personality and the fine commanding head and features of a leader.
>
> . . . The training school had been transformed into a military hospital of about seventy or eighty beds. We were conducted over the whole building by an *infirmière major* and we were struck by the perfect cleanliness of the whole building and its equipment. What, however, struck us disagreeably was the closeness of the atmosphere and the number of flies which worried and distressed the poor wounded. It is a characteristic of the French hospitals to keep nearly all the windows closed; their aversion to fresh air is remarkable. . . .[50]

The second society, *Union des Femmes de France,* was recognized to be of public utility on August 6, 1882. It was estimated that this branch of the French Red Cross was maintaining in April, 1917, 363 hospitals with a total bed capacity of 30,000.[51] The official circular issued by the *Union des Femmes de France* set forth the following information regarding the annual courses:

> *Assistant hospital-attendant's certificate:* Pupils desirous of obtaining this certificate must take the theoretical course in anatomy, minor surgery, hygiene, care of the sick, pharmacy, bandages and practical exercises, in one of the different training centers, and pass the examination.
>
> *Hospital-attendant's certificate:* To obtain this certificate, one must take the theoretical courses designated above; after reaching the age of 18, take a practical probationary term of three months (three attendances per week) in a dispensary school or outside consultation office of a civil hospital; and pass the examination. (N. B.) A term either in a consultation office for babies, in a day-nursery or in a baby home, completed by practical instruction in puericulture, is strongly recommended to pupils until it becomes obligatory.
>
> *Diploma for hospital attendant:* After obtaining the infirmarian's certificate, one must take the theoretical courses,

[50] "Diary of My Visit to France, June-August, 1916," I. M. Givenwilson, pp. 20-21; 41.

[51] See "Report of the French Red Cross," written by William G. Sharp, Ambassador to France, to the U. S. State Department, April 27, 1917.

and, only after reaching the age of 21, take: (1) A three months' term in the training hospital; (2) A three months' term in theoretical and practical massage; (3) A three months' term in a civil or military hospital; (4) Take the courses in military administration and pass the different tests in each branch.

The third society, *Association des Dames Françaises,* was recognized to be of public utility on April 23, 1883. It was reported to be maintaining in April, 1917, 281 hospitals with a total bed capacity of 17,207. The instruction which it gave its nurses resembled that offered by the two other societies of the French Red Cross.

As to professional nursing service, only one school for nurses organized upon British and American standards existed in France: *L'École Professionale des Gardes-Malades Hospitalières* at Bordeaux, known as the Nightingale School (with the sanction of Miss Nightingale's executors).

As to the nurses in French civil hospitals, Miss Givenwilson wrote in her official report to National Headquarters:

> The professional nurses are comparatively few and do not receive the same exhaustive training as our own. They are drawn for the most part from the ranks of the religious sisters, or from women of the lower classes trained in the civil hospitals of the *Assistance Publique.* . . .[52]

The following account appeared in Miss Givenwilson's diary:

> July 18, 1916. We went to visit the old civil hospital of St. Louis this afternoon. It was built in the 16th century as a hospital for the plague and was separated from the city by strong turreted walls and a moat. Some of the ancient buildings still remain, but the moat has disappeared and small buildings, mean streets and insignificant houses press close upon the old walls. It is now the chief hospital in the city [Paris] for skin diseases and contains a famous library on the subject. . . .
>
> The French nurses are seen at their worst here. . . . I think that this war will impress upon the French the necessity of training nurses of higher social standing and greater intelligence for their hospitals. The part of the hospital

[52] "Report of the Volunteer Nursing Service of England and France," p. 12.

which looked the most carefully tended was the beautiful old garden with its magnificent trees and neat flower beds. . . .[53]

Of the mobilization and service of the nursing members of the French Red Cross, Miss Givenwilson wrote in her report:

> On the declaration of war, all the members of the three societies of the French Red Cross were immediately mobilized and dispersed throughout the country wherever they were needed. And to their honor be it said that all nobly responded to the call, leaving comfortable, often luxurious homes, to experience the rigid discipline and heavy responsibilities of a French military or auxiliary hospital for the duration of the war. For it has to be remembered that very few of these women are trained nurses, although they are often given the supervision of a ward of seriously wounded soldiers with only orderlies to assist them. This is the great defect of the nursing system in France . . . and this war has demonstrated the urgent need in France for the establishment of training schools for nurses on the same lines as those that exist in England and America. . . .
>
> The training of the French Red Cross for its first diploma . . . renders their members very capable "nurses' aides." But they are called upon to accept responsibilities far beyond their knowledge and this they do with a courage and devotion which is truly admirable. They are tireless in the accomplishment of their arduous duties; they take no hours off for recreation or amusement; their free time, if they have any, is spent in making their wards more attractive by simple decorations manufactured by their deft fingers from the modest means at their disposal. They are full of cheerfulness and compassion and in the eyes of the wounded under their care is to be read the appreciation of these noble women, who have voluntarily sacrificed all with glad heart at the call of patriotism and humanity.[54]

Of the French military hospitals, Miss Givenwilson wrote:

> *Hôpital Central* at Bar-le-Duc: This hospital accommodated three thousand beds and is situated in some barracks which were approaching completion before the war broke out and were rapidly transformed into a hospital. . . .
>
> We first visited the surgical side, whose wards appeared to

[53] "Diary," I. M. Givenwilson, pp. 72-73.

[54] "Report of the Voluntary Nursing Service of England and France," pp. 11-13.

be beautifully kept, although there is only one nurse to each. This is one of the points that has struck me forcibly; the French or Belgian nurse accomplished much more than the English or American one, in sheer manual labor. Her technical knowledge is much less and her patients suffer in consequence, but she had a far larger number of beds under her charge without auxiliary help and yet she manages to keep her wards neat and clean. Everything in French hospitals is on a simpler scale and the French *poilu* is neither given nor demands as much as the British Tommy. In this huge hospital of three thousand beds, there were only fifty nurses and about one hundred orderlies and the wounded looked well cared for. . . .

There is a terrible plague of flies throughout this whole neighborhood, in spite of all precautions to get rid of them. They swarm in thousands everywhere and the most seriously wounded have to be protected by pieces of gauze over their heads. There are camps of soldiers and horses everywhere, so it seems impossible to eradicate the pest. . . .[55]

Miss Maxwell and Miss Givenwilson visited the French military evacuation hospital at Revigny. Miss Givenwilson wrote in her report to National Headquarters:

The work of this great hospital was in full swing when we arrived early in the morning. The establishment consists of an evacuation hospital of eight hundred beds which is even now being increased to one thousand. The wounded are brought here straight from Verdun by a little branch line of railway and it is here that the *triage* or sorting of the wounded takes place. Over one hundred thousand have passed through the evacuation hospital since the beginning of March.

A colony of huts has been erected in a convenient situation adjoining the main line from Paris to Bar-le-Duc, Toul and Nancy. The evacuation hospital is practically continuous with the stationary hospital but is a complete unit in itself and possesses its own kitchen, offices, operating and dressing rooms.

There are four categories for the wounded: (1) Those seriously wounded, who cannot be transported further without risk of life; these are carried immediately after examination to the adjoining stationary hospital (small compared to the evacuation hospital itself). (2) Those who are seriously

[55] "Report of the Voluntary Nursing Service of England and France," pp. 45-47.

wounded and can be transported are taken by ambulance cars to the hospitals of *Jean d'Heurs* or to the British hospital of *Faux Miroir,* both situated a few kilometers distant. (3) Others who are less seriously wounded are sent by ambulance train to Paris or hospitals in the interior. (4) All those who are only slightly wounded are sent to hospitals within the Army Zone, so that on recovery they can be immediately returned to their companies. They are seldom absent for more than a week or a fortnight.

The town of Revigny itself is a mass of ruins and the hospital is situated on the outskirts, among the fields.[56]

The following description of the evacuation hospital at Revigny appeared in Miss Givenwilson's diary:

August 4, 1916. We started for Revigny early this morning. . . . The work of the great hospital was in full swing when we arrived. . . . We visited all the huts of the stationary hospital and found them filled with very sick men. The mortality here is very great. . . .

I shall never forget the ghastly sights in the wards in which the septic and gangrenous cases were lying. An attempt was being made to treat these by constant irrigation, but the awful discomfort of the men was horrible to look upon. They had no proper mattresses and those parts of the body not being irrigated were supported only by pillows and sacks. Yet such is the heroic endurance of these men, that no complaints were to be heard, only the restless, moaning delirium of those who were almost past help.

The nurses were a nice set of cheerful, hard-working women, though their life is full of hardship and toil. . . .

The surgeon-in-chief proposed that we should witness the arrival of the Verdun ambulance train which was shortly due. We went to the little roadside station to find that the train was already there and was slowly unloading its ghastly burden. Skillful arms were there to receive the shapeless masses huddled on the stretchers and they were swiftly borne to the hospital.

Soon the little operating-room became a shambles, the floor bloodstained, the pails overflowing with soiled dressings, the atmosphere thick with the smell of blood, disinfectants and human sweat. Doctors and nurses worked without pause, the only sounds being the click of the instruments and the low moans or sharp exclamations of pain of the wounded. One

[56] "Report of the Voluntary Nursing Service of England and France," pp. 48-49.

> by one they lay exposed to the keen eye of the surgeon,—men with limbs fractured and battered to a pulp, with faces mangled beyond recognition, with huge rents torn in their bodies. . . . And in the faces of all these wounded was a dumb look of wonderment that such things should be and an infinite trust in the skill of those in whose care they now were. . . .[57]

From the report and diary submitted by Miss Givenwilson, which bore the endorsement of Miss Maxwell, it may readily be appreciated that in a modern system of nursing, the French nation was far behind the United States, where practically every town of over ten thousand population possessed, at the time of the United States' entry into the war, a hospital maintaining a professional school for nurses founded on the Nightingale System. The heroism with which nurses of the French Red Cross cared for their wounded needs no further eulogy here, but it is equally self-evident that the professional attainments of women who have had only five months' theoretical instruction gained through semi-weekly lectures and dispensary training, are not to be compared with those of women who have undergone two or three years' training as nurses while resident at a modern general hospital. In addition to the inhibitory influence of the French Red Cross, French social customs were potent factors in limiting the development of a French nursing profession comparable to that of Great Britain and the United States. To give a man a bed-bath was considered by nurses of the French Red Cross to be menial labor of a degrading nature; to remain on duty all night was, to them, an unheard-of breach of convention. Before taking up in detail the Paris situation, it must be understood that in a country where any woman who cared for the sick was officially rated as a nurse, public opinion would have little understanding and appreciation of the meaning and value of American nursing standards and ethics.

A second determining factor of the nursing situation as it developed in the Paris Headquarters of the American Red Cross was the natural zeal of American laywomen then in France, the wives, daughters and relatives of prominent Red Cross officials and other influential American women who rendered distinguished service to the Allied and American troops in France, to share in nursing the wounded. The point of view of the American laywoman was natural and easy to understand.

[57] "Diary," I. M. Givenwilson, pp. 154-156.

It may be said that since the beginnings of war, women have been urged by sympathies based on the maternal instinct and the tendency of womankind to venerate that which is strong and courageous, to desire to minister to the wounded. This principle may certainly be called one of the foundation-stones of the Red Cross ideal and in the twentieth century, the Red Cross nurse was, to the general public, the crowning symbol of the Red Cross organization, the fullest expression of this ideal; hence the desire on the part of the laywoman to serve as a Red Cross nurse. Further, American laywomen argued, why was it so necessary for a woman, before she could go into the wards of a military hospital, to undergo a long training based on some elusive idea to which nurses constantly referred as "professional standards?" Leaders of the nursing world had admitted that the number of trained women was limited. Better a partially trained woman in a ward than that men should die unattended! Why should not they themselves be allowed to go immediately into this spectacular, this most appealing branch of Red Cross endeavor?

The point of view of the American professional nurse—and it has been shown that the American Red Cross nurse was the highest exponent of the American nursing profession—was equally natural and easy to understand. It has been stated in a preceding chapter that one of the basic principles of the nursing profession was that "nursing education and administration must be directed by nurses." The welfare of the patient was the fundamental reason for this principle. Nurses contended that an executive nurse, alive to the opportunities of nursing service by reason of her own personal familiarity with nursing theory and technique and her knowledge of the primary importance of discipline, could judge the needs of the patient and the work of the nurse better than could a laywoman, who knew little, if anything, of this theory, this technique and above all this discipline.

In addition to the principle of the welfare of the patient, another determining social factor of the Paris situation, a factor which leaders of nursing would probably not have admitted at the time, was the natural desire of the professional nurse to reap the fruits of a hard won struggle. Previous to the declaration of the European War, a professional nurse did not hold so enviable a position as was accorded her immediately after the declaration of war, when to nurse the soldiers was the

romantic, the spectacular service to render. The American Army authorities permitted only professionally trained women in their hospitals and the American nurses in these instances reaped the reward, in this opportunity to serve, of long years spent in training and longer years spent in the practice of their profession. Through the American Red Cross in France, however, another opportunity for war nursing presented itself and to this more yielding avenue of approach, laywomen flocked, there to come up against the bars of "professional standards," the only bars with which nurses could strive—for nurses in the majority have not wealth and social position—to hold that which they considered rightfully their own.

Conditions outside the Red Cross, as well, played a part in this controversy. The English system of Voluntary Aid Detachments; the presence of untrained helpers in the wards of hospitals established by various other American relief agencies and later taken over by the American Red Cross, notably Military Hospitals Nos. 1 and 2; the dictum of the French government that any woman who cared for the sick was officially rated as a nurse, all fanned the flame of volunteer zeal to such heights of enthusiasm that an American Red Cross Nursing Service established in France on a professional basis seemed in the early days of 1917 likely to be consumed therein.

The organization of the American Red Cross in France constituted another shoal upon which the Nursing Service threatened to go aground. On May 9, 1917, Henry P. Davison cabled to Herman H. Harjes, of the banking firm of Morgan, Harjes and Company, Paris, who was then head of the American Red Cross in France, regarding the anticipated appointment and personnel of the War Council of the American Red Cross. After outlining the proposed campaign for the first Red Cross War Fund, Mr. Davison's message continued:

> We now contemplate immediately after our organization having one of our council, Murphy, proceed at once with a personal staff to Paris, where he will go with full authority from the War Council to undertake and do such things as may seem to him wise, he being necessarily governed by conditions obtaining here from time to time.
>
> Grayson M-P. Murphy is a West Point graduate, was in the Army about nine years, retiring to go into business, and is now senior vice-president of the New York Guaranty Trust Company. He is a man of ability and common sense, pecu-

> liarly free from personal ambition. . . . It is expected he will receive the line commission of major in the United States Army. He understands that you are at present the head of the American Red Cross in France and desires, as we all do, that your relations to this organization shall not only be maintained but strengthened.[58]

This cable went on to outline the coöperation of the American Red Cross with Alexander Ribot, Premier of France, and with relief organizations then in France. It was contemplated that Major Murphy should be commissioner for Europe with his headquarters in Paris. On May 13, Mr. Harjes cabled, at the suggestion of the French Ministry of Foreign Affairs and General Petain, that "a competent man be sent at once, invested with the necessary authority as high commissioner who would be the effective representative of our Government and Army and the link between the French and American Governments so as to make known at once and accurately what our friends here desire."

On May 10, 1917, President Wilson announced the appointment of the War Council of the American Red Cross. A few days later, this body "recommended to the Executive Committee of the Central Committee that Grayson M-P. Murphy, a member of the War Council, should be appointed the representative of the American National Red Cross in Europe and that a commission, of which Major Murphy would be the head, should accompany him to Europe for the purpose of carrying out relief work in France, Belgium and other European countries . . ." This action was later formally ratified by the Executive Committee at a meeting held June 15, 1917, and was spread on the Minutes of the War Council at a meeting held August 16, 1917.

In the meantime, Major Murphy had selected a strong staff and the new Commission for Europe had sailed June 2. Major Murphy was commissioner; the deputy commissioners were James H. Perkins, of New York; William Endicott, of Boston; Carl Taylor, of New York; George B. Ford, of New York; Ernest McCullough, of Boston; A. W. Copp, and Ernest P. Bicknell, Director General of Civilian Relief of the American Red Cross. Others who accompanied the commission, but whose names are not listed as deputy commissioners on the

[58] See Red Cross Archives, File No. 241.

Minutes of the War Council of August 16, 1917, were Frederick S. Hoppin, Reverend Robert Davis, Reverend E. D. Miel, F. R. King, Paul Rainey, Frederick Hoffman, Ralph Preston, Phillip Goodwin, C. G. Osborne, R. J. Daly, John Van Schaick and Thomas H. Kenny. The War Department detailed Dr. Alexander Lambert, Major, Medical Reserve Corps, U. S. A., to join the commission as *liaison* officer between the American Expeditionary Forces and the American Red Cross.

The American Red Cross Commission for Europe arrived in Paris on June 14, 1917, and set up the headquarters of the organization at No. 5 Rue Francois 1r. Ten days later, the War Department appointed Major Murphy to membership on General Pershing's staff. By this appointment, members of the Red Cross Commission for Europe who were soon to become directors of important branches of Red Cross service, were placed in a position where they could easily consult officers of the American Expeditionary Forces who were heads of those departments in the American Armies in France which were particularly affected by Red Cross operations.

The first work of the commission was accomplished through the generosity of relief organizations already existing in France. Dr. C. C. Burlingame, then Captain, Medical Corps, U. S. A., who was later the director of Hospital Service, American Red Cross in France, wrote:

> At the time the Red Cross stepped into the field, the American Relief Clearing House was already functioning to furnish efficient relief and avoid the duplication of various relief agencies. The director general of this organization was at the time H. O. Beatty; J. H. Jordian was the chief operating manager. Affiliated with the Clearing House were Ralph Preston, Herman Harjes, J. Ridgely Carter, James R. Barbour and others. Associated with the Clearing House were such organizations as the Norton-Harjes Ambulance Service and the American Distributing Service, organized by Mr. and Mrs. Robert W. Bliss, of the United States Embassy in Paris.[59]

The Committee of the American Relief Clearing House turned over to the American Red Cross their organization,

[59] "Military History of the American Red Cross in France," C. C. Burlingame, p. 5, Red Cross Library.

their equipment and their personnel, which immediately gave to the commission a "running start" for its new task.

In September, 1917, Major Perkins was made commissioner for France; Major Murphy was forced to spend much of his time traveling in Belgium, Italy and the Balkans, preparatory to the initiation of American Red Cross activities in these places.

The early days of the summer of 1917 were spent in establishing contact with the American Army officers then in France, with the organizations already existing there for the relief of the civilian population and with the French authorities. The conferences which took place in July, August and September were attended by high officials of the American Army and the Red Cross Commission for Europe. Among the consulting officers were General Pershing, Colonel Bradley, Colonel Sanford Wadhams, Major Murphy, Major Lambert and Captain Burlingame, and recognition was given by these officials to the relationship, already provided for by law and Army regulations, that the American Red Cross should serve as an emergency arm of the Medical Corps in the field.

Of the early organization of the American Red Cross in France, Major Perkins wrote:

> Within a few weeks after our arrival, Major Murphy and I discussed with General Pershing the work which lay before us. . . . He felt that it would be many months before his Army would be an effective fighting force and that the Red Cross must during those months carry the American flag in Europe.
>
> With this idea in view, we organized two departments; one, the Department of Civil Affairs, whose duty it was to take up all the relief work in France, the need for which had been created by the war; the other, the Department of Military Affairs, should handle our Red Cross work with both the French and American Armies.[60]

Dr. Alexander Lambert was straightway appointed director of the Red Cross Medical and Surgical Service, under the Department of Military Affairs.

American Red Cross medical and surgical service to American and Allied troops embraced two distinct types of hospitals.

[60] "The First Year of the American Red Cross in France," p. 4.

The first of these were designated as American Red Cross military hospitals and were established primarily to care for American soldiers. Of this type Commissioner Perkins wrote: "Where the hospital is known as a Red Cross military hospital, it means that we have installed the hospital and that its business aspects are managed by us, but that its medical direction is turned over to the Army, which employs its own personnel."

Captain Burlingame defined American Red Cross military hospitals:

> The term "American Red Cross military hospital" was used only by direction of the Chief Surgeon, A. E. F., a number being assigned only by his office. The word "military" in the title of a Red Cross hospital was never inserted except upon his order. It was for this reason that certain hospitals known as American Red Cross hospitals were operated under the same general plan as American Red Cross *military* hospitals but not under that name.
>
> Again, certain personnel organized as base hospital units were moved into American Red Cross hospitals and operated on the same basis as the American Red Cross *military* hospitals. It seemed unwise to change the name of a base hospital unit even when operated on this plan.
>
> American Red Cross military hospitals were operated jointly by the Red Cross and the Medical Corps. In each instance there was some reason why it could not be operated to advantage by the United States Army independent of the American Red Cross. These reasons were varied; for example, when America first entered the war, Paris and its environs were not opened by the French to the U. S. Army for hospitalization purposes. It was possible, however, for the Red Cross through various agreements, some of them informal, to take over or establish hospitals in and about Paris. It should be remembered that Paris was then out of the American and in the heart of the French Army Zone.
>
> As rapidly as conditions changed, making it possible for the Red Cross to withdraw, formations operating as American Red Cross military hospitals were completely turned over to the Medical Corps to be operated as regular Army formations. . . .[61]

[61] "Military History of the American Red Cross in France," pp. 26-27; Library, *National Headquarters*, Washington, D. C.

In a letter addressed December 27, 1917, to the Judge Advocate General of the Army, the Surgeon General of the Army asked

> . . . for the opinion of the Judge Advocate General specifically on (a) Base Hospital No. 39 "attached to and rendering service to the French Army;" (b) on personnel of "American Red Cross Military Hospitals, Nos. 1, 2 and 3 (formerly the American Ambulance, the Hospital Bénévole 21 bis—Blake's Hospital and Mrs. Reid's Hospital), the personnel of which are partly commissioned or enlisted in the U. S. Army and are partly civilian, whether American or foreign not of record; and (c) on personnel of Red Cross hospitals maintained in France for civil relief only.[62]

The Judge Advocate General replied on December 29, 1917:

> When American Red Cross officials have been accepted by the United States and are performing in France service for any of the Allied forces, they are, to use the words of Article of War 2, "persons accompanying or serving with the Armies of the United States in the field," and hence American Red Cross officials with the hospital described in paragraph 1, sub-paragraph (a) are subject to the military jurisdiction of the United States. The hospitals described in sub-paragraphs (b) and (c) are not, in a strict sense, military hospitals, as they furnish aid to civilians; but, nevertheless, as the Army of the United States is operating quite as much for the benefit of the civilian population of France as for the benefit of the military population, the personnel of these hospitals must be held to be subject to American military jurisdiction in case the persons in question have been in some formal or informal way recognized by the Army of the United States—otherwise not. What is important is neither what these persons are doing, nor where they are doing it, but what description of persons they are. If they are "persons accompanying or serving with the Armies of the United States in the field" there is military jurisdiction under the words of Article of War 2. (See Geneva Convention of 1906, Article 10, and Rules of Land Warfare, pars. 133–136.) [63]

American Red Cross hospitals, the second type of institution established by the Commission for France, admitted both

[62] Legal Matters Relating to the American Red Cross: Army and Navy Orders; Appendix No. VI, Document 102. Library, National Headquarters.
[63] *Ibid.*, Document No. 103.

American and Allied wounded. They were defined by Major Perkins: "In what are known as American Red Cross hospitals we supply all materials and install the hospital. We also furnish nurses and pay their salaries. Doctors and orderlies are partly loaned by the Army and partly supplied by us."

In working out a policy of coördination, the American Red Cross acquired, during the summer and fall of 1917, hospitals then being maintained in France by various American relief agencies. The first of these was the American Ambulance at Neuilly. Of this institution, American Red Cross Military Hospital No. 1, W. S. Patten, then director of the Department of Military Affairs, American Red Cross in France, wrote in his report of the medical division during its first six months in France:

> American Red Cross Military Hospital No. 1 was originally the American Ambulance and has now been put under the United States Army and the American Red Cross. This hospital contains between five and six hundred beds, which are at the disposal of the French Army. It also operates a complete dental clinic for the free service of the French soldiers, members of the United States Army and personnel of the American Red Cross. In connection with this hospital, we have an ambulance service which carries the wounded for the entire Paris district, viz., it evacuates French wounded to all the hospitals in Paris, a very valuable service in itself and a useful medium through which to help our Allies. We have, furthermore, established a sanitary train for the French which goes to the Front and brings back the wounded. The American Red Cross has the entire medical and surgical management of this train. An agreement under which the hospital and its associated undertakings are directed gives us authority over them, but an American Army officer is assigned to the directorship of the hospital.

American Red Cross Military Hospital No. 1 was the first American institution in France to be operated under the special relationship which has been defined above by the Judge Advocate General and others. It was also a stronghold of lay influence. It had been organized early in 1914 by a committee of Americans. Mrs. George Munroe, the wife of an American banker who had for many years made his home in Paris, was one of the principal sponsors for and contributors to its maintenance.

At this point it may be well to interpolate a word as to the method adopted by the American Red Cross in developing its foreign activities. When a commission entered a foreign country, it first established contact with the members of the American Embassy and Americans then resident there who had already won the confidence of the local authorities, and made them the spokesmen for the American Red Cross until the officers of the commission had won local confidence. Mr. George Munroe was born in France and both he and Mrs. Munroe were known to Parisians. Mrs. Munroe spoke fluent French, knew the conditions in French hospitals in and about Paris and was a staunch war worker, so she was in an excellent position to advise the commissioner about the development of women's service.

The American Ambulance had been developed in 1914 and in the absence of American nurses in Paris, American women resident there had done the pioneer work. Mrs. Munroe was one of these; Mrs. William K. Vanderbilt was another, and she made the first bed at the Neuilly Ambulance because, as she afterwards stated to Miss Boardman, there was no one else to do it. After these American women had once become interested in the work, it was only human nature that they would desire to continue it. An incident will serve to show the absolute dearth of professional nurses. The Duchess of Rohan converted her Paris residence into a military hospital for French wounded and she and her friends did the nursing. They had neither resident surgeon nor chief nurse because they could not get either; a single doctor came in once a day to make rounds. The Duchess and her friends had had only the most elementary instruction in nursing, yet they were forced by necessity to care for *grands blessés*. "The anxiety we felt in trying to care for these gravely wounded men, many of whom had just come off the operating-table," the Duchess said to Miss Boardman, "was our greatest trial. When we had air raids, they begged us to take them down to the *abris* but we could not tell whether the moving of them would be fatal or not. If we moved them and they died, we would be responsible, yet if they were not moved, they might be struck and again we would be responsible."

As the work at the Ambulance got under way, a unit of American nurses, among them many Red Cross nurses, was sent over from this country to form the nursing staff. Margaret



A corner of a surgical ward of American Red Cross Military Hospital No. 1 at Neuilly, France.

Dunlop, of the Pennsylvania School, was the chief nurse. She and several of the original unit, however, returned in 1916 to the United States. As the needs for the Ambulance were increasing with every year of the duration of the war, the nursing staff was enlarged by the assignment of whatever nursing personnel was available in Paris—several British nurses, a number of the American Red Cross nurses who had elected to remain in foreign service after the recall of the Mercy Ship units, and especially untrained American volunteers who were then resident in Paris and who were zealous to serve.

In the summer of 1917, the American Red Cross took over the Ambulance, enlarged and militarized it and assigned numerous American Red Cross nurses to duty as reserves of the Army Nurse Corps. Differences of opinion arose between the old and the new régime. Esther V. Hassan was the first superintendent of the Navy Nurse Corps. Later she was assigned as head nurse of a hundred Army "casuals" who went overseas in June, 1917, for duty in various American and British hospitals then in need of reinforcements. She drew a significant comparison between conditions existing in the English bases and at American Red Cross Military Hospital No. 1:

> The fact that I was in charge of the unit on the way over and during these wonderful eight days in London came nigh to ruining an otherwise perfectly good nurse, for to be "Matron" in England is quite the most blissful experience that has ever come to me. I never knew before what a very important person "Matron" is. We have all come to love the British mightily. Their hospital administration is quite remarkable. . . .
>
> We found the British officers very nice also. They saluted whenever they came into the wards and when we met them outside and their attitude was just what it would be to a brother officer, but, alas and alack, here we are once more eating humble pie with our own countrymen! The work was hard in the British bases but always interesting. We nurses did every dressing in the ward, chest cases, knee joints and amputations, whereas the doctor does even the tiny scratches here, with forceps and all the pomp and fuss of the most extreme civil hospitals.
>
> Just at present this whole hospital is being reorganized and you will have to imagine what that means. We are trembling for the nursing standards, but hope that things will turn out better when the smoke of battle clears away. I would like to

> tell you more of the conditions here, but upon studying the posted rules of our energetic young censor I have decided to follow the counsel of one of our humorous publications which gave as advice to the young man about to marry, the single word, "Don't!" Of course, you must expect that we Americans, young in this game of war, would go to many extremes.

Martha St. John Eakins was chief nurse of the Ambulance Hospital and Frances B. Latimer, one of the nurses of the Mercy Ship Expedition, was her assistant. The hospital was of one hundred and fifty bed capacity. Later it was enlarged.

The second institution taken over by the Red Cross Commission for France was the surgical hospital established in 1915 by Dr. Joseph A. Blake, of New York City. This hospital, which was subsequently designated as American Red Cross Military Hospital No. 2, was used largely for fracture cases. Of this institution, Mr. Patten wrote:

> Military Hospital No. 2 contains three hundred beds, of which one hundred are reserved for French wounded and the remainder for members of the American Army and the personnel of the American Red Cross. In this hospital is situated our Research Laboratory No. 1, where a corps of bacteriologists are making valuable records for the benefit of the medical profession working with the Army. During the past months, we have carried on in this laboratory a careful investigation of some of the causes of trench fever. By means of the work of this laboratory we are making it possible to grasp more thoroughly the original causes of maladies common to soldiers. There has been no lack of attention given to the severely wounded. Through such information as our research laboratories have given us, injuries and sickness which in the rush of war seem less important because less visible, can be watched in the first stages when they are more quickly and more easily cured.

A third institution which the commission took over early in the summer of 1917 was the officers' hospital established in 1915 by Mrs. Whitelaw Reid in the Rue de Chevreuse, in the building which had formerly housed her Club for Girls. Miss Eleanor R. White, a reserve nurse, Army Nurse Corps, was the chief nurse; Miss Agnes F. James, Army Nurse Corps, was her assistant and was also chief nurse of American Red Cross Military Hospital No. 112, an overflow hospital. Mrs.

Reid's hospital was designated as American Red Cross Military Hospital No. 3.

Additional hospitals previously maintained by individual Americans were also taken over during the summer and fall of 1917 by the commission. Of these, Mr. Patten wrote:

> In the interests of the French, the Red Cross assists four other hospitals situated at Annel, Cugny, Évreux and Soissons. It also supplies part of the personnel for these hospitals to which we have given ambulances, beds, instruments and other medical and surgical materials. The hospitals at Annel, Cugny, Évreux and Soissons were existing institutions and are operated for the French soldiers.

The hospital at Évreux was staffed by nurses of the original Yvetot Unit which National Headquarters had sent in February, 1915, to the Alliance Hospital. Dr. Ralph Fitch had been director and Mary M. Fletcher, supervising nurse of the unit. In August, 1915, Miss Fletcher had resigned to marry an Englishman and Mary K. Nelson had been appointed in her place. During the same month, the *Service de Santé* had requested that Dr. Fitch and the nurses take charge of Military Hospital No. 43bis at St. Valery-en-Caux.

National Headquarters recalled its foreign units on October 1, 1915, but Dr. Fitch, Miss Nelson, Josephine Clay, Marion M. Rice, Helen Spaulding and Helen Kerrigan elected to remain as volunteers at St. Valery in the service of the French. During the following months Miss Nelson built up a strong nursing staff, composed of American and English nurses and nurses' aides. In September, 1917, the French Government moved the unit from St. Valery to Évreux and placed them in charge of l'Hôpital Complimentaire No. 2, of six hundred beds.

When the American Red Cross Commission for France adopted its policy of coördination of existing relief agencies, it offered financial aid and supplies to Dr. Fitch's hospital. The work was largely orthopedic. Doris Petrola, an American Red Cross nurses' aide assigned to duty at Évreux, wrote:

> The two wards on which I am stationed have 38 French blessés and everything looks weird at night. There is no light except that from the waning moon and from one lantern covered with a towel. Arms and legs are strung up in 57

varieties of angles and one's imagination may distort them into anything, according to the degree of indigestion one has from the cooking. . . .

Shortly I will hear a blessé calling "Mees!" It is almost time to give the "squirts" as they call Dakin irrigations. We do everything but drink Dakins here. . . . I am told that the wounds here are very bad. I have no means of comparison, but I do know that a man injured at home like the least seriously wounded here would be considered extremely ill and would be surrounded by doctors and nurses. . . . Aides were badly needed, so we were welcome and it is a great pleasure. Often the blessés will say "That makes *beaucoup travail* for you, Mees"; and I can always say and mean it in my heart *"Ce n'est-ce pas beaucoup de travail parceque c'est un plaisir."*

The assumption of financial and executive responsibility for these hospitals immediately created a need for an executive nurse to direct from the Paris headquarters of the Commission for Europe the nursing service in these institutions. At this early date the question of lay control of professional nursing service arose, a problem to persist until after the signing of the armistice. The Commission for France desired to place Mrs. Munroe in charge of American Red Cross nurses in France. Through the efforts of two influential American Red Cross nurses then in France the point of view of American Red Cross nurses and their desire for professional direction was presented to the commissioners and Mrs. Munroe was given the direction of the nurses' aides, which were known in France as *auxiliares*. Major Murphy cabled Mr. Davison on July 10: "(Cable No. 119). Please have Miss Delano select a trained nurse to act as head of our nursing activities in France. This woman is needed immediately. She should have tact and experience and be thoroughly subject to command of officers in charge."

Miss Delano acknowledged receipt of this message under date of July 13. Among the nurses of the New York Hospital Unit, U. S. Army Base Hospital No. 9, then equipped and ready to sail, was Martha Russell. Miss Delano on July 17 requested her to come to National Headquarters and upon her arrival offered her the appointment as chief nurse of the commission. Miss Russell accepted the position. Miss Delano wrote on July 18 to Major Murphy as follows a letter

of introduction: "This letter will introduce Martha Russell, who has been selected at your request to act as a representative of the Nursing Service under your direction in France. Miss Russell has had a good deal of executive experience and is, I believe, well qualified for the work." Similar letters were written to Colonel Ireland and to Colonel Winter and full information concerning Miss Russell's appointment was reported verbally to Mr. Wadsworth, then acting chairman of the Red Cross and ex-officio member of the War Council, and to other interested officials at National Headquarters. Miss Noyes wrote on July 21 to Mr. Norton, of the War Council: "Will you kindly cable to Major Murphy that Martha Russell is leaving New York to-day as the representative of the Nursing Service in France?"

An important change of personnel, which was to have direct bearing upon the situation relating to the appointment of a chief nurse, American Red Cross in France, had taken place some days before in the Department of Military Relief. The Minutes of the War Council, meeting July 11, recorded the fact that "the War Council has been informed by Major General Gorgas that Colonel Jefferson R. Kean has been placed in charge of the entire ambulance service in France and has therefore been withdrawn from the Red Cross." The same Minutes stated that the War Council had recommended to the Executive Committee that John D. Ryan, one of its members, be appointed as Director General of Military Relief. On July 13, Mr. Ryan wrote to General Gorgas, requesting that Major Winford H. Smith, some time superintendent of Johns Hopkins Hospital, who was then on duty in the Surgeon General's office, be detailed to duty at National Headquarters as assistant Director General of Military Relief. General Bliss, then acting Chief of Staff, U. S. A., under Special Orders No. 165, dated July 18, detailed Major Smith to National Headquarters.[64]

Major Smith arrived at National Headquarters at a time of stress and because of the mobilization of Red Cross base hospitals into active service, found a heavy burden of work awaiting him. He occupied an office on the first floor of the main building, directly across the hall from that which was

[64] Major Smith was appointed Director General of the Department of Military Relief at a meeting of the Executive Committee held August 31, 1917.

used by Miss Delano and Miss Noyes. After hours, on the night of July 20, while Major Smith was endeavoring to get his work in hand, the following cable arrived at National Headquarters and was referred to him:

7:40 P.M.
July 20, 1917.

19,686. Please communicate the following to H. P. Davison:

Cable No. 196. Please communicate the following to Annie W. Goodrich, Teachers College, Columbia University: quote: Doctor Lambert says necessary to have someone competent to take complete management of Red Cross nurses in France under him. You must undertake this and report at once to him in Paris. End quote.

(signed) MURPHY-HARJES.

Major Smith, apparently not realizing the importance of consulting the Nursing Service before taking any action on the above cable, that night sent a copy of it verbatim to Miss Goodrich, with the following letter of transmittal:

July 20, 1917.

My dear Madam:

Mr. H. P. Davison, chairman of the War Council of the Red Cross, is in receipt of the following cable. What shall we reply?

Very truly yours,
(signed) W. H. SMITH, Major, M.R.C., U.S.A.
Asst. Director General, Mil. Relief.

Thus at the beginning of the war period the personality of Annie Warburton Goodrich leaped into the arena of Red Cross nursing history and remained an active and complex factor throughout the tense and sometimes hysterical months which followed. Hitherto, as one of the members of the National Committee on Red Cross Nursing Service, she had from the beginning helped to shape the policies of the service.

Miss Goodrich came from pure New England stock. She was of slender build, quick in her movements, with alert gray eyes and a highly organized nervous temperament. Her brilliant mental powers were expressed in instantaneous reactions and in a flashing, rapier-like wit which often held a satiric flavor. Ambition, fervid sincerity and staunchness blended

to form a character highly complex and not easy to understand. She was a confirmed pacifist. Hers was a practical idealism, best seen in the working out of difficult problems. She had a penchant for administration which amounted almost to genius.

Her professional career was as brilliant as that of any American nurse. She was graduated in 1892 from the New York Hospital School for Nurses. For seven years, she was superintendent of the training school and Matron of the New York Post-Graduate Hospital. In much the same way that a strong administrator is called from one high post to another in the business world, Miss Goodrich was called first to reorganize the training school at St. Luke's Hospital, New York City, then to the New York Hospital and then to Bellevue and Allied Hospitals. She then went to Albany, to be inspector of training schools under the Board of Regents of New York State. From that position she was called to Teachers College to instruct in the theoretical phases of public health nursing affiliated with Henry Street Settlement. In 1917, at the request of the Surgeon General, she made an inspection trip through the cantonments in the United States and returned to the Surgeon General's office in Washington and organized the Army School of Nursing. In 1905, Miss Goodrich was president of the Superintendent's Society and from 1915 to 1918 was president of the American Nurses' Association. From 1912 to 1915, she was president of the International Council of Nurses.

At the time, July, 1917, when the correspondence between Major Smith and Miss Goodrich took place, the Nursing Service was receiving an overwhelming number of telegrams and cables every day. In due course of office routine, a copy of the Lambert-Goodrich cable, No. 196, was sent to Miss Noyes' desk. She interpreted the cable as a request for Miss Goodrich's aid in obtaining a proper chief nurse and as Miss Russell had already sailed when this copy of Cable No. 196 came to her desk, she laid it aside, regarding the question as a closed one and neither she nor Miss Delano broached the subject with Miss Goodrich.

Miss Delano, as she later stated, did not then see a copy of Cable No. 196. On the margin of a copy of this cable, in the Red Cross Nursing Service files, there now appears in Miss Delano's handwriting the words "never saw this." No date is given as to the time when Miss Delano wrote this phrase upon

the copy, but from events which later took place, it is probable that she saw it for the first time in October, 1917.

Some time between July 21 and July 24, during one of the many conferences which took place daily between Miss Noyes and Major Smith, Major Smith asked Miss Noyes if a director of nursing for the Paris office had yet been selected. Miss Noyes replied that Miss Russell had sailed on July 21. Most unfortunately Major Smith did not mention to Miss Noyes the matter of his letter to Miss Goodrich, either then or later, else the sequel might have been different.

On July 24, Miss Goodrich wrote to Major Smith:

> I beg to acknowledge your communication of July 20, relating to the message received by Mr. Davison from Dr. Lambert. This letter only reached me this morning, owing to my absence from the city.
>
> In order that there may be no misunderstanding, I am writing to say that I understood you to tell me over the telephone that Miss Martha Russell had already been sent to take the management of Red Cross nurses in France and therefore the matter was closed.

Major Smith replied on July 27 to Miss Goodrich: "Your letter of the 24th is at hand, in which you say you understood Miss Martha Russell has already been sent to take the management of Red Cross nurses in France and that the matter is therefore closed. Your understanding is correct."

At the time of this correspondence between Major Smith and Miss Goodrich, Miss Russell, in complete ignorance that she was embarking upon a task for which another woman had been requested, had already sailed for France. Martha Montague Russell was born in Pittsfield, Massachusetts, and was an alumna of Mount Holyoke College. She received her training as a nurse at the New York and Sloane Hospitals, New York City. She was for some months a head nurse in the Manhattan Hospital, New York City, and later in the Norton Infirmary, Louisville, Kentucky. She afterwards did public health nursing at Henry Street Settlement. She then became assistant superintendent of the Providence Lying-in Hospital, Providence, Rhode Island, and later director of nurses of the West Penn Hospital, Pittsburgh, Pa. She then went to the Sloane Maternity Hospital, New York City, as superintendent of nurses and remained there for twelve years, until she accepted

Red Cross service. Her enrollment, however, dated back to the year 1908. Her nine months' service in the pioneer work of establishing the American Red Cross Nursing Service in France brought her the Florence Nightingale Medal of the International Red Cross.

Miss Russell arrived in Paris on August 12, 1917. The following day she wrote Miss Delano:

> After a very pleasant interview with Major Murphy, he handed me over to Dr. Lambert, who is in charge of the medical and surgical work of the Red Cross, including the nursing. Dr. Lambert said the French ruling was that anyone who cared for the sick is a nurse. I do hope our nurses will be able to show that our Red Cross pins mean a whole lot more. Dr. Lambert said: "Do not question that I am with you in upholding the standards to the limit."
>
> Dr. Lambert took me down to Army Headquarters and I met Colonel Bradley, Colonel Ireland and Colonel Winter. I gave your letters to the last two gentlemen, and they were both delighted to hear from you and spoke with cordial appreciation of the work your courage and wisdom has accomplished.

In this section will be set forth American Red Cross nursing service to the sick and wounded of the American Expeditionary Forces. Red Cross nursing service to the civilian population of Europe will be found in a subsequent chapter.

Miss Russell first undertook a survey of the American Red Cross hospitals then existing in France. She found that the staffs of these hospitals were all in need of additional nurses and that the standards of nursing service existing in each was varied and differed from that which the National Committee demanded should exist in American Red Cross hospitals. She immediately began an effort to standardize these services and to reënforce them by the assignment of nurses from the United States. Under Commissioner Murphy's or Major Perkins' code-signature, she cabled the needs to Miss Delano at National Headquarters. Miss Noyes' division supplied the nurses.

After the nurses arrived in France, they were assigned to duty singly or in twos, not in large units as was the procedure of the Army in reference to its base hospitals. The Red Cross scale of salaries followed that of the Army Nurse Corps. Previous to July 9, 1918, staff nurses were paid fifty dollars a month,

with ten dollars monthly increase for foreign service. Chief nurses received thirty dollars in addition to this base pay. By Act of Congress, July 9, 1918, the salaries of all members of the Army Nurse Corps were increased ten dollars a month and the Red Cross followed this ruling with reference to the nurses serving directly under its auspices overseas.

In addition to pressing demands for graduate nurses, Miss Russell faced an insistent demand, from Red Cross officials, for nurses' aides. The assignment of nurses' aides to foreign service offered, however, opportunity for many differences of opinion in the War Department, at National Headquarters, among the members of the Paris office and among physicians and nurses in foreign service. The decision of General Gorgas rendered immediately before the mobilization of the first six base hospital units, definitely barred untrained women from the military hospitals of the American Expeditionary Forces. This decision was repeated in a second ruling transmitted September 20, 1917, by Colonel G. E. Bushnell to Miss Noyes:

> The Surgeon General directs me to state that in view of the large number of graduate nurses available and the additional large number which are now being trained, it is not thought necessary to inaugurate any measures for the training of volunteer nurses at the present time.

The views of General Bradley, the chief surgeon of the American Expeditionary Forces, seemed to correspond with those of General Gorgas in the desire to exclude nurses' aides entirely from military hospitals. General Ireland had faith that their services, if properly directed, might result in great benefit both to patient and nurse. In a letter written December 10, 1917, Miss Russell reported General Winter's attitude:

> Just a line to tell you that at a meeting of the medical committee this evening, your old friend, Colonel Winter, quashed the plan that the people here had been concocting for getting aides for convalescent hospital work over here. He said that one good nurse who knew her business was worth twenty aides and, with the orderlies and convalescent patients to help her, would take better care of the patients than the aides. He said they could use them in the cantonments if they wanted to, but that they did not want them in France for the soldiers unless it was much more important than it appeared at present.

The first important development of the aide problem appeared in a cable (No. 456) dated August 21, 1917, in which Commissioner Perkins requested that a bureau to pass on all auxiliary hospital workers to be assigned to overseas service be established at National Headquarters under the director of the Woman's Bureau. On September 12 Major Perkins cabled again that the Nursing Bureau in France had been divided, "Miss Russell taking graduate trained nurses and Mrs. Munroe auxiliary nurses not graduates of training schools." This plan of organization contemplated that Mrs. Munroe's bureau should be a sub-bureau of Miss Russell's department.

The responsibility for the training and direction of nurses' aides had been intrusted, it will be remembered, to the National Committee on Red Cross Nursing Service. Miss Delano and Miss Noyes therefore considered that the creation of this sub-bureau with an untrained woman as director, would present opportunity for possible division of authority and they made vigorous protest against it to the War Council. After some further discussion by cable, Mr. Davison on September 17 sent the following message drafted by Miss Noyes:

> Bureau Nursing feels strongly inadvisability separating hospital auxiliary workers from Nursing Service. Establishes precedent contrary to Red Cross regulations and policy of Surgeon Generals. Nursing Service recommends Martha Eakins, chief nurse of American Ambulance, if acceptable to Miss Russell, as head auxiliary bureau. Believe that this will accomplish purpose desired and insure efficiency of hospital service.

The discussion then dragged along by letter and cable until Major Perkins suggested on October 15 that the whole vexatious question be "tabled" for the present.

In the meantime, Miss Russell was organizing a Local Committee on Red Cross Nursing Service in Paris, which would undertake upon authorization from National Headquarters the enrollment in the American Red Cross Nursing Service of American nurses then in Europe. The work she was doing included distribution of extra winter equipment to nurses of the Red Cross base hospitals, then militarized and in service with the British and American Expeditionary Forces; the welcoming of nurses coming abroad for assignment to the U. S. Medical Corps; and assistance in the development of American Red

Cross relief to the civilian population of France and Belgium. In the bulletin published on November 13 by the Paris commission appeared a notice stating that fourteen chief nurses from base hospitals of the British Expeditionary Forces, the American Expeditionary Forces and the Red Cross attended Miss Russell's conferences.

In addition to the American Red Cross military hospitals and American Red Cross hospitals, the Commission for Europe also established and maintained dispensaries to serve the American Expeditionary Forces. As United States troops were landed in France in increasing numbers, they needed dispensary service and the Medical Department requested the commission to supply it. The first dispensaries were established at the ports of debarkation, Bordeaux, Brest, Lorient and St. Nazaire and along the line of communications at Nantes, Neuilly and Paris. A full list of these dispensaries may be found in the Appendix.

An interesting system was worked out at Neufchâteau whereby traveling dispensaries attached to a central hospital served United States divisions then in training centers in the surrounding districts. Of this service, which resembled the extra-cantonment work of the Federal Public Health Service in the United States, Mr. Patten wrote:

> Our dispensary service is one of the most valuable services developed by this division. With its center at Neufchâteau, where we have established a hospital in connection with it, the work has been planned to cover the surrounding territory wherever the French civil population required medical attention. Most of the French doctors are in the service of the Army, so that in some of the smaller towns there is no native doctor or at best one too old to care for all the inhabitants. Towns where there were sufficient native doctors and equipment were passed over in organizing our routes.
>
> Keeping this policy in mind, we drew up different itineraries so that our ambulances could visit the various dispensaries at least once every other day. We have now forty of these dispensaries and a corps of eleven American Red Cross nurses in this service. The doctors are assigned by the United States Army and work under the direction of the American Red Cross.

Infirmaries for American troops at rest stations and at two aviation camps were also established and maintained by the

Commission for France. Convalescent and rest homes comprised another type of American Red Cross medical service to American troops. At these homes, officers, enlisted men and Army nurses found agreeable surroundings and healthy recreation. One of these was established in the Hotel Regina at Biarritz, overlooking the sea. Here there was golf, tennis and bathing and owners of neighboring villas extended their hospitality to convalescents, or to war-weary men and women on their precious fourteen days' leave.

As the American Red Cross in France developed this extensive military program and the even more elaborate program of civilian relief and child welfare work to be described later, the officials at Paris headquarters grew more and more insistent in their demands for nurses. If large numbers of graduate nurses were not available, they argued, then send us the partially trained aides we have already recommended. They had already in many cases cabled directly to these women. On November 13, Major Perkins cabled to National Headquarters for thirty aides to be sent over as rapidly as possible, to be used in connection with Red Cross civilian relief in France. Again Miss Delano and Miss Noyes tried to strengthen Miss Russell's position and sent the following reply, Cable 6099, which was transmitted by Mr. Davison to Major Murphy:

> Nursing Service asks that Red Cross nurses and nurses' aides, paid or volunteer, be requested through Martha Russell as needed. In coöperation with prominent public health nurses, groups of public health workers have already been organized. We maintain list of selected and carefully prepared aides.

It will be remembered that the aides trained for the first fifty Red Cross base hospitals were enrolled at National Headquarters. The decision of the War Department not to utilize their services had already brought much derogatory criticism upon the Nursing Service. Should National Headquarters decide to accept auxiliary helpers in Red Cross hospitals, these nurses' aides should in justice be the first to be sent out. Members of the Commission, however, cabled insistently for individuals whom they personally knew. Mr. Davison attempted to clear up this and other aspects of the situation in a cable (No. 6114) of November 19, drafted by Miss Noyes:

> We are receiving cables from you for nurses and nurses' aides requested through various sources. Highly important that these should be secured through Red Cross Nursing Service at Washington or their representative in Paris. In connection with base hospitals here and in France, a large number of women have been prepared who meet established Red Cross requirements and are available for duty if needed. Agreement with State Department confines requests for passports to Red Cross workers who have been fully investigated. As we are held responsible for all workers, it seems hardly fair to them or to nurses' aides whom we have enrolled to ask for passports unless we make selection through our Nursing Service. If Miss Russell is not capable of assuming this responsibility, she could be replaced. We have been assured that she is worthy of your entire confidence. Mrs. Munroe and others who have been doing splendid work in France could no doubt be helpful as an advisory committee.

The office of the chief nurse now became the subject of a cross-fire of cables and letters. Miss Russell, instead of being a member of Major Murphy's immediate staff and a member of the Commission for Europe, a position which would have given her administrative freedom and access to all bureaus and departments of the commissions for France, Italy and other countries, had been assigned to Major Lambert's staff, in the Department of Military Affairs of the Commission for France. However, she was expected to provide nursing service for civilian as well as military relief in all parts of Europe, yet her contact with the commissioner and with directors of the other departments was through the chief of her department, Major Lambert. Miss Delano and Miss Noyes at National Headquarters had direct personal contact with the members of the War Council and heads of important services and they naturally thought that their representative in France, Miss Russell, had similar freedom and prerogatives. They held Miss Russell responsible for the development of a service, for which she lacked the authority to make such a development possible. The organization of the Nursing Service at Paris headquarters in 1917 was thus manifestly unsound, and on December 13 Miss Russell recommended to Major Lambert that a reorganization be effected whereby the Nurses' Bureau would be transferred from the Department of Military Affairs to the administrative staff of the Commissioner for France, where it would be in a position to serve all departments and bureaus. Unfortu-

nately, Major Lambert was on receipt of this letter on the point of starting on a field trip, but he assured Miss Russell that on his return her recommendation would be put into effect. "On his return," wrote Miss Russell to Miss Noyes, "his power was gone." Dr. Lambert in January, 1918, became director of the Medical Department of the commission and Dr. C. C. Burlingame, with Dr. W. E. Clark as his assistant, succeeded Major Lambert as chief of the medical and surgical divisions of the Military Affairs Department.

The entire situation, both in Washington and Paris, was swiftly approaching serious misunderstanding, as may be seen in a letter written December 16, 1917, by Major Lambert to Dr. R. M. Pearce, then chairman of the National Medical Board at Red Cross Headquarters.

> . . . If I ask for nurses November 9 and six weeks later find the national department in Washington still asking questions as to what I want nurses for, it strikes me that something is wrong with the Washington end. Will you not use your endeavor to make them realize that we are not asking for people here unless we need them and we are not asking for nurses unless we need them as nurses to do nursing work?
>
> It is a growing conviction with Commissioner Perkins, myself and all concerned that we must have a reserve of nurses to supply those who are sick and convalescing and to meet various demands that we cannot foresee. Therefore, please make a serious request to the national department in Washington that they cease to block the supply of nurses that come here.

The first urgent need of the commission, as it has been said before, was for nurses to undertake the many projects, both civil and military, of the American Red Cross in France. The pioneer American Red Cross pediatric unit which had sailed for France early in August, 1917, had included in its personnel only one nurse, Elizabeth Ashe, who later became chief nurse of the American Red Cross Children's Bureau. The second pediatric unit had included among its personnel ten American Red Cross nurses especially trained in child welfare work; it embarked in September for France. A third unit of about fifteen public health nurses had sailed early in November and a fourth unit of approximately twenty-five child welfare nurses was under process of organization in November, at the time when

Major Lambert's letter to Doctor Pearce, as quoted above, was received at National Headquarters. Miss Noyes and her co-workers were then combing the country for nurses to supply these and the military needs. The Army alone was asking for nurses to staff fifty additional base hospitals over and above the nurses of the first fifty base hospitals, was calling for hospital units and emergency detachments and large numbers of "casuals"; the Navy and the United States Public Health Service were looking to the Red Cross for their reserves.

An extremely important responsibility confronted the Red Cross: If nurses should be recklessly drawn into military service from civilian hospitals and public health nursing organizations, these civilian hospitals and public health nursing organizations would be forced to close their doors and to discontinue their visiting nursing, with the result that the health of the civilian population would suffer. War conditions were already taxing the strength of the civilian population, yet upon them depended the manufacture of war supplies, the financing of war loans and the general economic stability of the United States and Europe. Unfamiliarity with nursing conditions in the United States led Major Lambert to use, in his letter to Dr. Pearce, the words "please make a serious request to the national department in Washington that they cease to block the supply of nurses that come here," but the words brought a certain ironical amusement to Miss Delano and Miss Noyes when the letter was referred to them. In a letter addressed November 22 to Miss Russell, Miss Noyes had already protested against the extravagant demands for nurses which the Paris office was making:

> We realize that you will have a great deal of work to do in organizing your forces, and please do not hesitate to call upon us for assistance when needed. We are securing nurses and nurses' aides, selecting them from the base hospitals which had prepared groups for service, as rapidly as possible. I hope the Red Cross Commission for France is not expecting us to supply nurses for all the French civil hospitals, for there is no nursing service in the world which could meet such a demand as that. We can, however, as we told you before you left, meet the military needs in France and in this country and supply public health and welfare workers, organizing nurses and those for base hospitals, but I do not see how we could possibly supply an unlimited number of nurses to civil hospitals.

> May I state here that we have thirty-two cantonment hospitals in this country, each one calling for a staff of from sixty-five to one hundred nurses, and these we are supplying at the present time. In addition we have all the regular Army posts and the base hospitals on the border. The more you know about conditions over here and the strength of our Red Cross Nursing Service at home, the better prepared you will be to meet conditions abroad.

On December 26, Major Perkins cabled Mr. Davison: "Situation makes it imperative Miss Goodrich of Nursing Service be sent to France as soon as possible."

Two months before, Miss Delano had learned for the first time and under embarrassing conditions that Miss Goodrich's services had been requested as chief nurse of the American Red Cross overseas. During a meeting of the National Committee on Red Cross Nursing Service held on October 26, 1917, at the Atlantic Division headquarters in New York City, Miss Maxwell brought up a leading question regarding the appointment of the chief nurse, American Red Cross in France. Miss Delano replied that this appointment was a Red Cross administrative matter, not a problem of policy which belonged to the National Committee.[65] Brisk discussion followed, during the course of which one member asked why Miss Goodrich had not been sent, especially in view of the fact that her services as chief nurse had been specifically requested by Dr. Lambert. Miss Delano and Miss Noyes looked at each other in blank bewilderment. Miss Delano was in complete ignorance of the entire situation. Miss Noyes had wholly failed to identify Cable No. 196 as a request for Miss Goodrich's personal services as chief nurse. Further, she had not seen a copy of the cable until after Miss Russell had sailed.

Miss Lillian Wald remarked that it was self-evident that neither Miss Delano nor Miss Noyes knew anything about a request for Miss Goodrich's services, or Miss Goodrich's and Major Smith's correspondence, and she accordingly told them the various facts in the case. Miss Goodrich herself stated at this meeting that she had first interpreted the cable, just as Miss Noyes did, to be a request for her help in nominating the chief nurse, not a request for her personal services. She later wrote that ". . . as I recall the discussion at the com-

[65] For this reason, no record of this discussion is to be found in the Minutes of the National Committee on this meeting.

mittee meeting referred to, the question was not so much as to why I was not appointed, but why the selection of the appointee for this important overseas position was not brought to the Red Cross committee on nursing for suggestions . . ." [66] But it may be stated that the wording of Cable No. 119 was so peremptory that, even if Miss Delano had agreed that the appointment was a matter for the National Committee, she would have hesitated to delay it long enough to get in touch with the membership of this body. The Advisory Committee of the National Committee was not organized until two days after Miss Russell had sailed. However, Miss Delano and Miss Noyes, had they previously been in possession of all this information, would have had little reason to believe that Miss Goodrich would be interested in a more or less subordinate administrative position with the American Red Cross in France. She was then director of nurses at Henry Street Settlement, associate professor in the Department of Nursing and Health, Teachers College, and president of the American Nurses' Association.

Miss Delano and Miss Noyes had returned to National Headquarters, considerably chagrined that nurses outside the Red Cross organization should have known more about Red Cross administrative correspondence than did they. After some deliberation, Miss Delano on November 20 wrote Miss Goodrich and asked her if she would consider going to France as chief nurse of the American Red Cross. Under date of December 11, Miss Goodrich wrote Miss Delano:

> It seems to me important that you should have as clear a statement as possible of my attitude towards the matter concerning which you wrote me November 20, and that I discussed with yourself and Mr. [George] Scott [then director of division organization at National Headquarters] in Washington last week.
>
> I beg you to believe that I deeply appreciate the honor of being asked by the Red Cross to go to France in this capacity, but as I consider the matter, and I am sure you will understand that I have given it the deepest consideration, I cannot feel that I should be justified in severing lines of work, the important bearing of which on the present situation I do not believe I exaggerate, to assume for an indefinite period the

[66] See letter written December 17, 1921, by A. W. Goodrich to Clara D. Noyes.

> work in France as you present it in your letter, or even in its wider aspects as presented by Mr. Scott. I appreciate that a survey of the situation is important to enable a wise determination of the policies of the Red Cross relating to the nursing care to be rendered by our women in France, but such a survey, I am convinced, would be of limited value if it did not include a study of the nursing situation in our hospitals on the other side as well as the public health field. I believe that only under the highest governmental authority would the task be possible. If the survey could be made under such authorization and it is felt that I am the person to be entrusted with so important and difficult mission, I should, of course, be ready to go.

Upon receipt of Major Perkins' request of December 26 for Miss Goodrich's assignment to the Paris office, Miss Delano immediately submitted to Mr. Scott Miss Goodrich's letter, quoted above. To a general statement of the situation, Miss Delano added the following recommendation: "I would suggest that a letter be sent the Surgeon General, including this statement of Miss Goodrich's, thus placing upon him the responsibility for a decision."

However, the Red Cross did not ask the Surgeon General to empower Miss Goodrich with governmental authority to make a survey of military and Red Cross hospitals in France. Miss Delano stated the following reasons in a memorandum prepared January 9, 1918, for Mr. Scott:

> Some time ago I requested Miss Goodrich to accept service in France as the representative of the American Red Cross Department of Nursing. At the time she stated to me that if she were to go she would not wish to assume Miss Russell's responsibilities and should desire that either she or someone else remain in the Paris office. She expressed herself as willing to go over to make a survey of the nursing situation generally, including the military hospitals.
>
> I requested Miss Goodrich to send me a statement in regard to the matter and am sending with this her letter. I have conferred with Dr. Ward[67] and Mr. Swan[68] concerning the

[67] Dr. Edwin St. John Ward, an assistant surgeon in the Department of Military Affairs of the American Red Cross Commission for France, then in the United States; later appointed commissioner for Palestine.

[68] Major Joseph R. Swan, director of the Paris Bureau of Supplies and an executive in various administrative capacities in the Department of Military Affairs of the Commission for France.

duties required of the representatives of the United States in Paris, and they both agreed that supervision or inspection of the nursing service *in military hospitals* was not contemplated. I have also consulted with Dr. Pearce as to the desirability of suggesting such supervision to the Surgeon General's office and he too thinks that it would be undesirable at this time.

Under these circumstances and in view of Miss Goodrich's evident unwillingness to go to France for Red Cross work alone, I would suggest that a cable be sent, stating Miss Goodrich's position in the matter.

We have recently sent Blanche E. Eldon to act as Miss Russell's assistant. This fact might also be noted in the cablegram. I feel sure that both Miss Russell and Miss Eldon would be willing to accept any decision reached by the Red Cross.

I have hesitated to select another nurse in this country for service in France, as I know of no one at the moment who would be in any way familiar with the situation. I am wondering if you might not think it desirable to suggest to Major Perkins that he request Mary Nelson's release from Dr. Fitch's hospital. She has been there since 1914 as chief nurse and is spoken of very highly by people returning from France. Mr. Swan has met her and can give you further information regarding her ability. It is possible that Miss Russell or Miss Eldon might be acceptable to Dr. Fitch as her substitute.

Mr. Davison cabled to Major Perkins January 11, 1918: "Nursing Service suggest you obtain release if acceptable to you of Mary Nelson of Dr. Fitch's hospital to relieve Miss Russell who might be acceptable to Dr. Fitch to replace Miss Nelson. Unable to obtain services of Annie Goodrich."

To Miss Goodrich, Miss Delano wrote January 12:

I have had several conferences with members of the Red Cross commission who have recently returned from France, in regard to the special matter in connection with our work there.

It does not seem desirable at this time for the Red Cross to ask the Surgeon General's office to confer upon their representative in France definite authority in regard to the military hospitals.

I greatly regret that you do not feel justified in going to Europe for the Red Cross alone, but the members of the

commission who have recently been here assure me that the duties which they have in mind for this position do not involve any authority in connection with the military hospitals and that any attempt to secure such authority would probably not be acceptable.

Regretting that it has not been possible to make satisfactory arrangements and appreciating greatly your interest in the matter, believe me, etc.

On January 19, 1918, Dr. Lambert cabled directly to Miss Goodrich: "Have repeatedly cabled for you in last three months. Is there anything to prevent your coming? Answer me personally."

Miss Goodrich cabled to Dr. Lambert on January 21: "Work here for civilians and soldiers too important to justify abandonment unless given government authority to inquire into and report upon nursing situation there military as well as Red Cross. In November expressed willingness to go under these conditions."

On January 22, Miss Goodrich wrote to Miss Delano:

I had dictated a brief letter of acknowledgment to your communication of January 12, but in the interim between the dictation and transcription of the letter, a message has come from the other side that seems to indicate that my services are still desired. I am loath indeed to refuse to go, but I am also firmly convinced that I can only effectively render the service they have in mind through a governmental recognition that will clearly define my position and make my opinions in matters relative to nursing authoritative. I appreciate that this is a great deal to ask, but I believe that my experience in nursing, the importance of the work I shall be forced to relinquish and, above all, the problems I may be called upon to solve, justify this request.

In order that there shall be no confusion or misunderstanding I am writing to Miss Thompson and Mrs. Higbee and am enclosing a copy of my letter. I am also enclosing copies of my letter of December 11 and this letter to them.

I am leaving to-night for Cincinnati and shall hope to be back by Sunday. If for any reason you thought it desirable, I could return by the way of Washington if you telegraph me to do so. . . .

The following letter was sent the same day to Miss Thompson by Miss Goodrich:

> Some time ago I was asked by the Red Cross to go to France. I expressed my willingness to do so under certain conditions that are set forth in a letter dated December 11 that I am enclosing. The matter hung for some time in abeyance, was closed, but may possibly be reopened for the reason that my letter to Miss Delano of January 22 will explain. As head nurse of the Army, I desire you to know exactly how I feel in the matter in order that you may be in a position to express your opinion upon the question should it come to your attention. May I add that I am sending a similar letter to Mrs. Higbee.

The Nursing Service files show no record that Miss Delano replied to this letter from Miss Goodrich.

It will be readily appreciated that an assumption on the part of the American Red Cross of any responsibility in connection with the conditions existing in and the conduct of United States Army hospitals would lie far outside its charter obligations and would, moreover, be contrary to all precedents and regulations of the highly organized and sharply disciplined Military Establishment.

In this serious and unfortunate controversy, one of the most regrettable which appears in connection with the nursing history of the war, both Miss Delano and Miss Goodrich were motivated by high though opposing ideals of duty to the sick. It is to be doubted if elements of personal interest were guiding factors on either side of the case, for both Miss Goodrich and Miss Delano were at this time holding positions which set them above the need of self-seeking. Miss Goodrich earnestly believed that only through complete comprehension of the entire situation both in military and Red Cross hospitals could she formulate sound policies for the Red Cross Nursing Service abroad.

Miss Delano had seen the failure of the Volunteer Corps which the Surgeon General had tried to organize in 1905. She felt that the Red Cross Reserve was the only practical instrumentality through which a large group of nurses might be held in readiness for the Army. However, her one aim was to serve the Army, even though it meant the total eclipse of the Red Cross Nursing Service. "The chief aim of the Nursing Service," Miss Delano had said again and again to Miss Noyes and her other co-workers, "is to serve the Army." For the Red Cross to put itself in the position of asking of the Army

any authority over the military hospitals in France would have been an offense to Miss Delano's sense of clean-cut organization. Moreover, her knowledge of the Army, gained through the years when she was head of the Army Nurse Corps, had taught her the futility of asking for such authority, even if she herself had been in sympathy with Miss Goodrich's point of view. Miss Delano regarded this seething Paris situation as essentially an administrative problem and consequently saw no reason for taking it up with the National Committee. Differences in the outward expression of fundamental war nursing principles undoubtedly existed among the other members of the National Committee on Red Cross Nursing Service, as well as between Miss Delano and Miss Goodrich.

While the controversy was still going on, Miss Russell continued her efforts to maintain a professional nursing service in France in face of the persistent tendencies toward lay control. On January 23, 1918, she wrote Miss Noyes:

> I think that it is desired to have a laywoman in charge of the women's activities, including nursing with the canteens, etc. This is rather vague and I trust will not materialize, but, between military and lay control, we have some reason to wonder how nurses can manage to hold the position they need in order to fulfill their responsibilities. I do not want to write discouraged letters. War is a savage state of society and it strikes at many things we have cherished. I really have faith in the ultimate outcome, though I think that we must be ready to go through a black period at first.

Of lay control, Miss Russell alluded again in a letter to Miss Delano, January 29, 1918: "I confess to a very strong feeling that our standing as professional women is hard-pressed these days. *They want our hands but not our heads* for the work. Perhaps I am too tired to be hopeful to-day and I am ashamed to speak to you, who have labored so valiantly for years."

After Miss Goodrich had refused to go to France as chief nurse of the American Red Cross alone, Miss Delano, as has been stated, had nominated Mary K. Nelson, then chief nurse of American Red Cross Hospital No. 109 at Évreux, of which Dr. Fitch was in command, as a possible successor to Miss Russell. Since August, 1915, when Miss Nelson had succeeded Mary Fletcher as chief nurse of Dr. Fitch's hospital, American Red Cross nurses and lay assistants had worked together

both at St. Valery-en-Caux and at Évreux in great harmony under Miss Nelson.

In February, 1918, Miss Morgan and Dr. Lambert requested that Miss Nelson come to Paris for a personal interview. Miss Nelson described the conference at the Paris headquarters:

> . . . The date was between the 18th and the 28th of February. . . . Dr. Burlingame telephoned our Chief and gave him to understand my experience with nurses' aides was the reason why I was needed in Paris to do it on a bigger scale. That same day Miss Morgan wrote me a very casual note in which she assumed I was seeking another position and invited me to lunch with her where we might talk over some work in which she thought I would be interested. . . .
>
> Immediately Dr. Fitch by telephone to Dr. Burlingame demanded an explanation. Then it was arranged that I report in Paris to Major Lambert and Dr. Fitch was assured that he was releasing me for a more important need.
>
> On entering Major Lambert's office, where I found with him Miss Morgan and Dr. Burlingame, the atmosphere did not seem clear. They gave me the impression of not being quite ready for me. I was surprised to find Miss Morgan assuming direction of the conference. The first question, after the usual greetings, was something to this effect: "Tell us just how, when everyone else is having so much difficulty with aides, you seem to have no trouble?"
>
> Very quietly I went over the gradual growth of our group, —how each aide knew from the beginning which nurse was responsible for her work and how with the spirit of the work paramount, it just worked well and seemed most natural. To this Miss Morgan shook her head. My methods were too simple; they would not serve for Paris. Then followed a brief discussion, where I calmly insisted on the necessity of clear lines of responsibility. Dr. Burlingame appeared to agree with me; he had visited us in Évreux and had seen it all in operation.
>
> It was then Miss Morgan's turn to describe Mrs. Munroe's difficulties and how they had hoped I might have come to help her, but with such definite ideas of professional relations, it would perhaps be wiser to think the whole matter over before going any further.
>
> Whereupon I found myself being ushered out with some hazy plan of a future meeting which even then seemed a mere pretext. . . . I never dreamed of anyone's even thinking of considering my replacing Miss Russell.[69]

[69] See letter written September 23, 1921, by M. K. Nelson to the author.

The situation came to a climax on February 20. Miss Russell wrote Miss Delano:

> The responsibility that I feel for the standards and the accomplishment of our profession are so involved with conditions here and at home that I am afraid I have not been able to keep as clear a head as is needed for the situation and evidently from your letter you are bewildered as to our needs:
>
> First: I will tell you about the demands brought to me yesterday and that may help you to see why the requests I send seem indefinite. Part of it is the "war" atmosphere and the way we must expect to work. I had told you they were discussing convalescent plans, but I had no definite request till yesterday. They then told me that they would want ten or twelve nurses to do visiting nursing in two cities, Biarritz and Royen, where they had taken rooms in hotels for convalescent men, one hotel for fifty to one hundred officers and beds in each city for one to two hundred men. Their plan is to have the nurses live by themselves in some hotel and visit the patients when necessary. They said they wanted the nurses to go in about ten days. It seems to me that this calls for women of unusual dignity and character and I tremble lest they demand that aides be placed there to help.
>
> Then a little later, a telephone call came asking for four or six nurses to be sent to help in some of the French Army hospitals at the front. I begged that a conference be held before embarking on such a new departure, as I did not feel that we could accept an obligation like that without consideration. The Commissioner said that they must be sent at once. I suppose I did not protest wisely, but while I wish we could take care of all the sick, I wish we could also have a little clearer idea of our responsibility before we embark upon so new an undertaking. However, we have Florence Bullard, who can lead the expedition, and we will see who else can help. You will note that we asked in a cable for thirty nurses who could be here on call for emergencies.
>
> Second: The question of the use of aides is very acute, as I have previously written. It is probable that the situation will not be allowed to remain in our hands as completely as we wish.

War conditions in Paris were at this time grave. Air raids by night, shelling by the long range gun by day and the presence of the German troops seventy miles away were conditions hardly conducive to calmness. The Allies were well aware that the German High Command was meditating a tremendous spring

offensive, using the troops and supplies released by the collapse of Russia from the eastern theater of war.

On February 20, Major Perkins cabled Mr. Davison:

> Cable 2414: Our whole relationship to Nursing Service here dependent upon competent leadership. We are losing our position with nursing profession, which, as you know, is one of our greatest assets. Believe head of our service should be possessed of great personality, character and recognized leadership. This one position so vital that no job at home should stand in way. Neither Miss Delano nor Miss Noyes considered just the person. Please select new head for our service, but before deciding finally wire name for our confirmation.

To this cable Mr. Gibson, of the War Council, responded (Cable No. 6979):

> Dr. Clarke[70] . . . just sailing has long story which desire you to consider, either cabling us further thereafter. If question so vital impossible [to] wait his arrival, cable us more in detail regarding just requirements of position. Strongly advise however seeing Clarke first.

Miss Russell in the meantime was continuing her work as best she could. She wrote Miss Delano, March 4:

> A lease has been signed for *Pension Galilee,* for use as a nurses' club for the duration of the war. The French *propriétaire* continues to run it as her own business proposition, the Red Cross undertakes to back the scheme by paying rent and a certain bonus to hold the house and each nurse will probably pay eleven francs without lunch, or fourteen francs with lunch. Before the price is absolutely settled, further conference with Colonel Winter is necessary. This amount will be covered for any nurse on detailed duty and that seemed a fair standard to me.
>
> The house is in the pleasantest residential district of Paris, near the Alma and Etoile stations of the "metro," and is a most attractive building with light rooms, each with hot and cold water, a fair number of baths and numerous balconies. One of its great charms is a garden opening from the saloon, where tea (if there is any) may be served. This will be a

[70] Dr. William E. Clarke sailed April 13, 1918, with rank of major, American Red Cross Commission for France.

> restful, pleasant spot when one comes in after work. I think the nurses who come on leave will enjoy it very much. We do not plan to try for much emphasis on the social side, as the nurses always want to spend most of their time here sightseeing and resting.

The *Pension Galilee* was entirely self-supporting. Nurses were accommodated there at the rate of 14 francs a day and for this reasonable charge were given among other things sugar, butter and plenty of hot water and heat, luxuries almost impossible to obtain at the average hotel in Paris during 1918.

To Ruth Morgan, a member of the Finance Committee of the Commission and a woman of unusual business acumen, nurses owe the establishment of the *Pension Galilee*. Miss Morgan was the daughter of Mr. and Mrs. William D. Morgan, of New York City, and had for many years taken a prominent part in philanthropic work there. She had served on the training school and social service committees at Bellevue Hospital and had shown keen interest in hospital and civic reform. For many years she was president of the New York Colony Club. She spoke fluent French and was familiar with conditions existing in Paris. As she was the only woman to serve on the Finance Committee, she held a position of much influence and authority at Paris headquarters.

Early in March, 1918, the nursing situation at Paris headquarters came to the crisis which had been imminent for some months. On March 9, Miss Russell wrote personally to Miss Delano:

> Since I wrote you March 6, matters are practically *in statu quo*. I have learned that the plan is to have a department of hospital women, with Miss Ruth Morgan at the head, and that they have cabled for Miss Goodrich to head the nursing part of it. I do not know if she will come or whether they would give even to her adequate authority to accomplish things.
>
> When I came I was told by several of the commission that nurses were ready to tell how much they could do, but never ready really to work. I felt that it was wise to go quietly and unostentatiously about the business of learning what the nursing needs were and what could be done to fill them. Evidently I overdid it, for the powers-that-be have of late completely ignored me. Of course, that does not matter personally, but it is not as it should be for our profession. So

> many fine, intelligent women are here. But defeat of one person is not necessarily disaster for the whole profession, and I still have hope for you and them, through the devoted determination among the nurses that they will let no personal grievances hinder them from giving our men the care they need. I shall continue to do what I can unless I am ordered to vanish.

In a personal cable sent on March 13 to Miss Delano, Miss Russell reported: "Resignation given by request of Commissioner."

National Headquarters responded under date of March 19: "Sending successor to Russell on first available steamer." On the following day, however, Major Perkins wrote to General Bradley, then chief surgeon, A. E. F., requesting the assignment of Julia Catherine Stimson, then chief nurse of General Hospital No. 9, British Expeditionary Forces, as chief nurse of the American Red Cross in France. He did not, however, advise Miss Delano of this fact. On the same day Miss Delano offered Miss Russell foreign assignment in Italy or elsewhere in Europe, but Major Perkins answered on March 25: "Miss Russell will report to you about April fifteen. Lay control desired here." On the following day, he cabled again: "Successor to Miss Russell selected here. Miss Julia Stimson has been assigned by the Army for this purpose."

Major Perkins cabled National Headquarters April 2 of the reorganization of the American Red Cross Nursing Service in France: "Further modification of organization of Military Affairs Department takes Nursing Service out of this Department and makes it separate bureau under administrative bureaus for general service to entire organization."

This cable meant that the Nursing Service, instead of being an independent department such as existed at National Headquarters, was to be a sub-bureau of the Women's Bureau of Hospital Service, of which Miss Morgan was the director.

Information as to Miss Morgan's position may be gained from the following personal letter written by her on March 27 to Miss Russell:

> There seems to be an impression in your mind that there was a usurpation intended by me of nurses' functions,—in fact, that you have already registered a protest in this belief.
>
> I am taking on direct Red Cross responsibility and author-

ity precisely as Major Fosburgh [Director General, Army and Navy Department, American Red Cross Commission for France] and Mrs. Whitelaw Reid [a member of the Red Cross Commission for Great Britain] have done and this authority could be transferred at any moment to a Red Cross man if it was the sentiment of nurses in general that no woman should represent the Red Cross to them. I think the general cause of women would suffer by this view.

As I have said to you, I consider that the chief nurse of the Red Cross has been unduly hampered in two respects: One, because she was subordinated to one section of one department of the Red Cross; and the other, that she had no relation or means of communicating with the Army.

This being her position, I think the whole position of the nursing profession is suffering, and considering that it is giving the biggest service rendered by women in the war and is only second to the men in the fighting line, this is a matter of deep regret. My plan purposed a more independent nursing bureau in the Red Cross with connection through me to the Commissioner and direct relation through the chief nurse to the Army.

I have already put up the greatest effort of which I am capable to bring these things about, but have no personal interest in the matter so long as it is accomplished. I have deeply appreciated your difficulties and your disinterested patience.

The Paris interpretation which put the Nursing Bureau in the Women's Bureau of Hospital Service had one general theoretical argument in its favor, i.e., nurses were women and therefore nursing service belonged in the Bureau of Women's Hospital Service. This interpretation was in reality, however, a direct blow at fundamental principles held by the nursing profession that professional "nursing education and administration should be directed by nurses." True, the organization provided that Miss Stimson should be chief nurse, but that Miss Morgan should be director of the department in which Miss Stimson and her bureau functioned. This faulty organization brought about a condition of affairs in which nurses, on their part, were not prepared to take kindly the efforts of Miss Morgan on their behalf, and in which all layworkers interested in the nurses, among them Miss Morgan, on their part, might regard the whole nursing personnel as unappreciative and ungrateful.

When these questions of policy and administration were submitted at a later date to Miss Morgan, she wrote:

> The position occupied by the chief nurse before the organization and formation of the independent nurses' bureau caused her to be dominated by the whole hierarchy of the Medical Department and Military Affairs, including the subordinate of these departments.
>
> No doubt there is a series of protests in the records of the Washington Bureau of Nursing against this domination.
>
> The profession of nursing is the greatest of women's professions and was founded by a woman. It was my opinion that there was danger that the professional dignity would go unrecognized and the professional opportunities for service be lost. I am quite content that any judgment in the matter be left to a history of the results.

The reorganization of the Nursing Bureau in France presented opportunity for a general analysis of the misunderstanding existing between the Paris office and National Headquarters, and Miss Noyes wrote on April 4, 1918, a strong letter to Mr. Case, of the War Council, a letter which enumerated in detail the six problems upon which confusion had resulted. All of these problems were of an administrative nature. A copy of this letter was immediately sent by Mr. Case to Commissioner Perkins and resulted in a much better understanding between the two offices.

The office and authority of the chief nurse, American Red Cross Commission for France, was finally outlined by Major Perkins in a cable sent April 16 to National Headquarters:

> Bureau of Hospital Service is new bureau in American Red Cross which is responsible directly to general manager [Paris office] and commissioner. It concerns itself only with nurses and nurses' aides and includes plans for their holiday, convalescent care, hotel and club accommodations, equipment, recreation, etc. Ruth Morgan is director of [this] bureau. This bureau has separate budget and power to requisition. Julia C. Stimson is newly appointed chief nurse of the American Red Cross in France, assigned to this position by Surgeon General of the American Expeditionary Forces, and will in addition perform all duties heretofore performed by chief nurse of American Red Cross in France, including enrollment, assignment and direction of Red Cross

nurses. She will report directly to Bureau of Nursing Service of American Red Cross in Washington.

Julia Stimson's first letter to Miss Delano, written April 16, 1918, explained the circumstances which led to her appointment:

> A little over a month ago, Major Alexander Lambert, chief surgeon of the American Red Cross in France, telegraphed to me to go to Paris for a conference. I came and one of the first questions that I was asked was, could I explain what was wrong with the present position of the chief nurse of the American Red Cross. I told him that there was a very great difficulty which had been obvious to many of us for a great many months past, and that was that they expected the chief nurse of the American Red Cross to undertake very difficult duties with her hands tied behind her. They asked me what I meant by such a statement and I said that so long as the position of chief nurse had no official relation to the Army Nurse Corps, it would never have the authority, responsibility and dignity that it should have. After a considerable talk with Major Lambert and Miss Morgan and Commissioner Perkins, they asked me to put in writing my ideas on the subject. I prepared them at night and presented them the following morning, in the form expressed on the accompanying sheet. . . . I left that paper with them and returned to Rouen.
>
> I must say that it was explained to me that Miss Russell was returning to America and I was asked what I thought of the position for myself. I told them very frankly that I was an Army nurse and under Army orders and that the scheme that I was proposing for the position was not made in reference to myself in any way, as I could consider nothing that did not come as an Army order. I have since learned that the scheme which I had left with them was entirely approved by the Red Cross officials and was taken at once to Army headquarters and accepted by General Bradley and Colonel Ireland and Miss Bell, the chief nurse. Four or five weeks later, I received an order from the office of the Surgeon General as follows: "Miss J. C. Stimson, R. N., A. N. C., is relieved from further duty with Base Hospital No. 21 and is ordered to report to the Chief Surgeon of the American Red Cross in Paris for duty as chief nurse of the American Red Cross in France." Since I have been here I have learned that both Miss Goodrich and yourself have had similar ideas about a definite relationship between this position and the

Army Nurse Corps. It is too soon to know how the arrangement is going to work, or what snags we shall meet, but I am perfectly sure that the way is opened for a far greater cooperation and understanding than was possible before.

I wish very much that I might have seen Miss Russell before she left and could have explained to her my understanding and sympathy with her in the difficulties she encountered and my admiration of the spirit she showed in circumstances that made her position intolerable. She has been through a most difficult time and gave of her very best, and anything that I am able to do will be but building on the foundation that she has laid.

Herewith is quoted Miss Stimson's conception of the position as referred to above, a conception which was prepared, it must be remembered, after twenty-four hours' study of the situation from a point of view outside the Paris office:

I. The chief nurse of the American Red Cross (in France) should be nominated by the Red Cross and approved by the Army. She should be given by the Army (if not already so graded) the grade of army chief nurse in charge of the American Red Cross Nursing Service in France.

II. She should be subordinate to the chief nurse of the American Expeditionary Forces.

III. Duties. Supervision and control of all nursing activities which have been or may be assigned by the Army to the American Red Cross.

A. Present activities: (1) assistance of nurses on leave; (2) supply of equipment; (3) assistance of nurses ordered back to the United States; (4) establishment and control of a bureau of American Red Cross nurses not in the Army.

B. Proposed activities: (1) formation of plans for the establishment and control of an American Red Cross nurses' aide service in France; (2) establishment of an authoritative information bureau for nurses, authoritative because it represents the chief nurse of the A. E. F.

Reason for the need of an Army chief nurse in charge of the American Red Cross Nursing Service in France: that a more efficient relation may be made possible by having in authority a chief nurse recognized by the Army and cognizant of Army nursing matters and conditions in military hospitals.

In her answer written May 8 to Miss Stimson, Miss Delano said:

> There are certain points which to me seem absolutely essential in working out any basis of coöperation with National Headquarters. . . .
>
> The first is that the representative of the Department of Nursing should be definitely in charge of Red Cross nurses and nurses' aides, responsible for their assignment to duty in France and for their supervision. She should make recommendations in regard to their release from duty and other complications which might arise concerning their health and conduct.

This insistence that an executive nurse, subject to the joint policies of the American Red Cross and of the nursing profession, as represented by the National Committee on Red Cross Nursing Service, should control the destinies of American Red Cross nurses on active service, was the old contention, it will be remembered, over which the supervising nurses of the Mercy Ship Expedition had struggled in 1914. Moreover, it was the keystone upon which the Nursing Service had been erected. The American nursing profession had in 1909 accepted affiliation with the American Red Cross upon the definite understanding that the National Committee on Red Cross Nursing Service, which was to be composed of a majority representation of nurses and was to have a nurse as chairman, should possess advisory powers in the determination of the policies governing the service. This basic understanding implied a guarantee of professional leadership to all nurses who might enroll in the service and Miss Delano and Miss Noyes had explained this organization and indirectly implied this professional guarantee when they had urged nurses to enroll. This was another powerful reason why they both felt under undeviating obligation to protest against lay control of the American Red Cross Nursing Service in France.

In the same letter, Miss Delano wrote:

> I was, however, greatly surprised at your appointment without conference with this office. Fortunately I am entirely satisfied, but I can imagine circumstances under which I would not have been willing to place in the hands of a person who had neither been nominated nor selected by me, the welfare and direction of the large groups of nurses we are sending over. I am telling you this not with an idea of raising difficulties now, but to explain to you that the Red Cross officials here at Headquarters recognize the Department

of Nursing as definitely in charge of Red Cross nursing activities wherever we are located and would have naturally expected that no formal appointment would be made without consultation with me.

I had not anticipated that the chief nurse of a base hospital unit released for this service would have continued in the grade of Army chief nurse, receiving her salary from the Government. I can see no objection to this, however, if it seems more acceptable to the Army.

In commenting on Miss Stimson's outline, Miss Delano continued:

I shall be very glad of further information in regard to the duties designated and the reason for omitting [71] from these duties all reference to the nurses' aides which we have from time to time sent to France. The selection of nurses' aides for service has been placed definitely under the Department of Nursing at Red Cross Headquarters. It, therefore, seems inconsistent that requests for nurses' aides should come to us through others than the representatives of the Department of Nursing, or that we should be expected to assign nurses' aides through any other channel, either to hospitals or directly under the Red Cross.

More than five years ago, the instruction, preparation, selection and supervision of women desiring to volunteer as nurses' aides in case of war was placed under the Department of Nursing and all correspondence relative to such appointments came to this office. I understand the complications in France and realize that as far as the American Ambulance is concerned, Mrs. Munroe has for some time been in charge of the selection of aides for this hospital and could appreciate Miss Russell's unwillingness to interfere with a plan which had actually been in existence for so long. If this arrangement cannot be modified for Army Hospital No. 1, I should certainly think it most undesirable that the plan be extended to other hospitals or positions and that a dual responsibility should be created.

We shall, therefore, expect that in sending requests for nurses and nurses' aides to Headquarters, cablegrams should indicate that these requests meet with your approval. It also seems desirable that as far as possible, a definite statement should be made in regard to the special service for which the nurses or nurses' aides are desired.

[71] In writing this letter, Miss Delano overlooked Point B, III, of Miss Stimson's outline of duties.

Miss Delano summarized the criticism which the Red Cross Nursing Service was then meeting:

> It naturally leads to dissatisfaction to send a nurse to France with a good deal of experience along certain lines and find that she is assigned to some routine duty without special reference to her qualifications. There is a good deal of opposition throughout the whole United States to the withdrawal of so many experienced nurses from important positions, both in hospital work and public health service. The Red Cross must, therefore, consider the needs of the whole country as well as the military service and our work in France. We cannot afford to tear down existing organizations and ruthlessly withdraw nurses from communities unless we can justify ourselves by a convincing statement that the nurses are needed for a more important piece of work.

Miss Delano's letter closed with a characteristic personal message to her new representative:

> I am much pleased over the news in the morning papers of General Ireland's appointment as Chief Surgeon General in France. I feel sure you can rely on his sympathetic interest and coöperation, for I have found him at all times a tower of strength, with great ability and absolute sincerity of purpose.
>
> Please be sure that you have my unqualified blessing and the assurance that I shall do everything possible to make the work in France a success.

Miss Delano wrote Miss Noyes on January 18, 1919, after a careful study of the Paris office, when she was on that foreign inspection tour which was her last work for the service which she had built up and loved:

> There is no doubt that Miss Morgan was the nominal head of the Nursing Service in France. Apparently the question of assignment to duty of the nurses and their release was left to the nurse in charge, but theoretically there is no doubt that their line of communication with the higher authorities was through Miss Morgan.
>
> I do not know whether this situation existed when Miss Russell was here, as the civilian relief was not so clearly separated from the military service. Apparently the separa-

tion is still quite distinct, although nominally under the same jurisdiction.

Miss Noyes wrote regarding the organization of the American Red Cross Nursing Service in France:

> The Nursing Service at National Headquarters consisted of an independent department which supplies nurses for all branches of military and public health nursing service, both within the Government and the Red Cross. Miss Delano and I had personal contact with the various members of the War Council and we could make recommendations directly to them regarding the conduct of the service.
>
> The organization of the Paris office consisted of a Nurses' Bureau within the Women's Bureau. Miss Stimson had the title of chief nurse, American Red Cross in France; however, the organization made Miss Morgan the official channel of communication between the Nurses' Bureau and the Commissioner.
>
> Miss Delano interviewed Dr. Lambert while he was on a trip to this country during the spring of 1918, regarding the nursing situation in France. I was present. Dr. Lambert denied that the Nursing Bureau was under the direction of a laywoman. I asked: "Did Miss Stimson have the power to make recommendations to the Commissioner for the conduct of the Nursing Service in France, or did these recommendations have to go through Miss Morgan's hands?" He replied: "They had to go through Miss Morgan."
>
> Why a nursing service, wholly different from that which existed at National Headquarters, should have been set up in Paris, was not clear to National Headquarters or to nurses in foreign service and it caused great anxiety and considerable criticism among the Red Cross nurses overseas, thus lowering their morale to an appreciable degree. The nurses themselves fully understood that the Nursing Service in Washington was directed by nurses who had easy access to the members of the War Council and needed no intermediary. They were suspicious of the Paris organization and many personal letters and personal protests to that effect were received by us. They well knew that the organization at National Headquarters had already proven itself capable of administering the problems arising from the mobilization and equipment of many thousands of nurses, whereas the Paris office at this time dealt only with a few hundreds. Why should not an able nurse in the Paris office, they argued, have attended to the business details of the Nursing Service

in France, just as the Department of Nursing at National Headquarters attended to the business details of the Nursing Service in the United States, even to the expenditure of thousands of dollars for equipment alone?

Nurses were quite willing to concede that a women's bureau with a laywoman in charge, was essential in Paris, in order that the groups of non-professional workers might have full consideration. But they contended that a nurses' bureau, quite independent and on an equal plane should also have existed so that plans and recommendations involving the work and welfare of nurses might be presented directly to the commissioner through their representative, the chief nurse of the American Red Cross in France.

While information regarding the organization of the American Red Cross Nursing Service was in their hands, it is possible that in the pressure of the time, the commission did not appreciate that they were setting up an organization in Paris which was directly contrary to that which had existed for many years at National Headquarters.[72]

The last word in this controversy belongs in chronological sequence to Miss Stimson, who thus defined her own position:

After the reorganization accomplished by Miss Morgan, Miss Stimson's position was entirely different from that occupied by Miss Russell. Miss Stimson was not in any way subordinate to the Medical Department or the Department of Military Affairs and she did have direct access to the Commissioner. It must be remembered that Miss Russell had been responsible to the Chief Surgeon and his assistant and also to the Director of Military Affairs. At the time Miss Stimson was appointed chief nurse, Miss Morgan was actually the *liaison* officer between the nursing activities and the commission, as a member of the Finance and Executive committees and later of the commission. She was not known as the head of the nursing bureau but held a somewhat unofficial position.

The chief nurse's responsibility through a member of the commission freed her from the domination of the Medical Department and assured her the backing of the commission and of the Chief Surgeon of the Army and did not in any way prevent her direct access to the Commissioner when she desired it. Any number of instances can be enumerated to prove that fact. For example, there was no intermediary

[72] Memorandum written by Clara D. Noyes, September 12, 1921, to the author.

between her and the Chief Surgeon of the American Expeditionary Forces, a thing unheard of under the former régime and a fact which should also prove (if any proof other than her word is necessary) her freedom of access to the Commissioners.[73]

While this much discussed reorganization of the Nursing Service in France was taking place, the enemy had launched the first of their five major offensives of 1918 and during the entire spring and early summer, the fate of Paris hung in the balance. With the constant air raids and the shelling as well, it was not a time conducive to cool and judicious deliberation. When she first accepted the appointment, Miss Stimson knew little if anything of the standardized organization of the Nursing Service in the United States, which Miss Delano had been building up for eight years. Later the military situation gave her little opportunity to try to bring the organization of the Nursing Service in France in line with the organization of the Nursing Service at National Headquarters. Thus it may be stated that she accomplished her work not because of the organization but in spite of it, for fortunately she and Miss Morgan worked well together and she found Miss Morgan at all times an enthusiastic and sympathetic helper.

This whole subject of organization may be compared to an imperfect tool. Miss Russell tried to reshape the tool to the pattern upon which she knew Miss Delano and Miss Noyes were insistent; Miss Nelson stated her opinions about the tool so definitely that it was not offered to her; Miss Stimson took up the tool and worked with it as it was as well as she could and with her nurses accomplished a brilliant piece of work.

Miss Russell was at this time returning to the United States, greatly discouraged and in almost complete physical exhaustion. However, it may be seen that her nine months' work in France was not without far-reaching results. Miss Russell had organized, upon authority from National Headquarters, a Local Committee for the enrollment in the American Red Cross Nursing Service of American nurses then overseas. She had furnished extra articles of equipment to nurses serving with the pioneer Red Cross base hospitals of the British and American Expeditionary Forces. She had secured long needed accommodations in Paris for American nurses. Further, the

[73] Letter written March 8, 1922, by J. C. Stimson to C. D. Noyes.

development of a mobile service by which American Red Cross nurses could be sent immediately upon call from the American Expeditionary Forces to any emergency, and the first plans for later Red Cross coöperation with the French *Service de Santé* had been initiated during her term of office.

This situation has been set forth in some detail, not only in justice to the persons and principles concerned, but to show to the nursing profession that the Red Cross Nursing Service was not without its internal problems.

To Miss Stimson and her associates during the summer of 1918 came the opportunity to develop brilliant projects of military nursing service. Her first work was the establishment of a more complete system for supplying nurses with equipment. The first step was to secure and distribute to all the nursing staffs of the American base hospitals then in France such articles as had been omitted from their initial equipment. A second important step was to supply nurses who had been enrolled in Europe with the standard Red Cross equipment. A third step was the establishment in Paris of an organization through which nurses both of the American Red Cross and of the Army and Navy Nurse Corps could replace at cost worn-out articles of equipment. Another phase of the equipment problem which devolved upon the Nurses' Bureau was to supply the norfolk suit, after the Army Nurse Corps had adopted it as its regulation outdoor uniform, to the nurses who had been equipped with the serge dress, the original type of outdoor uniform supplied by the Red Cross.

Marie B. Rhodes reported April 22, 1918, to the Chief Nurse of the Commission to France and was temporarily placed in charge of nurses' equipment. Of her, Miss Stimson wrote:

> One day Miss Rhodes appeared at the office and asked how she could get into the Army Nurse Corps, stating that she was a Red Cross nurse and had come to France with a women's unit which had been disorganized. She was told how to apply for admission to the Army Nurse Corps and her papers were forwarded to the office of the Chief Surgeon at Tours. In the meantime, while awaiting action on her application, she asked if she could be of any use and was told that she certainly could, right there in the Red Cross office. She said she would be glad to do anything, so we gave her piles

of correspondence and reports on the subject of nurses' clothing.

She started to put them in shape, making tables of the equipment the nurses' units had already received and what they were asking for, to show what each unit should have to meet the minimum standard equipment which had then been worked out. The way in which Miss Rhodes undertook this extremely complicated task and compiled accurate tables and statements from which the Red Cross Commission could order thousands of dollars worth of contracts for clothing, proved her efficiency to such an extent that before her papers came through from the Chief Surgeon's office at Tours, the Chief Nurse of the Red Cross telegraphed to Tours, asking that Miss Rhodes be assigned to the Red Cross office in Paris.

From that time until May, 1919, Miss Rhodes did a magnificent piece of work in charge of the equipment bureau and therefore made possible the efficient functioning of literally thousands of nurses, because through her efforts these nurses all over France were supplied with equipment which was an absolute necessity for their physical welfare.

A graphic description of the pleasing manner in which Miss Rhodes met nurses and supplied their needs was given by Sophia M. Burns, chief nurse of Mobile Hospital No. 9:

I have always believed that an efficient operating-room nurse would make a good business woman and in the Red Cross office I found proof that I was right. At her desk, Miss Rhodes was directing three orderlies, speaking French to a rather trying maid, answering an insistent telephone and dexterously meeting the demands of many visitors.

She spoke to me briskly: "So you all are Mobile No. 9? That completes our chain of medical organizations. Have a chair and tell me what equipment you have and what you need."

The result of our conference was that each nurse was completely outfitted with a trench coat, two jersey uniforms, rain hat, rubber boots, sweater, mittens with wristlets, two suits of genuine all-woolen underwear, black jersey tights, hose, woolen kimono, trench cap or *bonnet de police,* set of dishes consisting of cup, saucer, plate, folding knife, fork and spoon, cot pillow, four blankets, bed socks, wash cloths, bath and hand towels, duffle bag with padlock (trunks were forbidden) and the sleeping bag which we had brought from New York.

In Miss Rhodes' report of the Nurses' Equipment Shop appeared a paragraph with which many nurses and many men in all branches of the service will sympathize, in that it reflects their own experiences:

> We were very busy and happy, but I felt that I would like to be at my own work. A great many requests for anesthetists came into headquarters. I offered my services at night and for two months went into the different hospitals in Paris where they needed help. At two o'clock in the morning the commanding officer sent me home by ambulance so that I got to bed by three-thirty. This was the reason why I never got down to the office in the morning before ten o'clock. I met so many people in the hospitals whom I knew and liked helping our boys directly so much that I found it hard to stick to jersey dresses and trench coats, but every time I said anything about leaving, my Big Chief was kind and yet positive that I must jersey dress and trench coat a while longer. We had so many hurry calls for them that we got the idea that these jersey dresses and trench coats were winning the war!

The dress was made of gray jersey and in style resembled the gray cotton ward uniform; it was warmer and could be worn for a longer period without being laundered. It was issued by the Nurses' Bureau in Paris, without consultation with National Headquarters and was not in conformance with Army regulations, but because of its practicability, no objections were raised.

Of conditions at the line, Miss Rhodes wrote:

> We had many demands from the front. The only way to get them there was to deliver the things myself, by camion. I made many trips up the line. It always seemed one of the most worth-while things I could have done. Many of the nurses were up there without their luggage; others had never seen theirs since they left the States. One time I remember particularly was at Evacuation Hospital No. 15 at Verdun. Here were twenty nurses with only hand luggage, caring for thousands of patients. It was very cold and living conditions were most uncomfortable. When we fitted up those nurses from our camion, they almost cried for joy!
>
> I visited all the hospitals in the forward areas several times, on each occasion finding nurses badly in need, either due to fire or loss of baggage. On my way out one morning

> to Mobile Hospital No. 8, where I had an emergency call, I met a hospital train on which were three nurses. I never have been so welcome anywhere. One of the coaches had burned, including most of their clothes, and we were able to fit up those nurses right there on the track.

From May 1, 1918, to December 31, 1918, the Nurses' Equipment Shop supplied articles free of charge to 9,300 regular and reserve nurses, Army Nurse Corps, 800 Red Cross nurses, 100 American aides, 75 French aides, and 130 officers and clerical workers of various Red Cross foreign commissions.

The staff of the Paris Nurses' Equipment Shop numbered ten people in October, 1918. A Red Cross captain was in charge of the buying and cash sales. Besides Miss Rhodes and her two nurse assistants, there were shippers, packers and a chauffeur for their camionettes. This division continued to sell re-equipment articles during the spring of 1919 until their records show transactions amounting to over 7,500,000 francs before the Quartermaster's Corps assumed these responsibilities. A statistical summary is as follows:

Donations (May 1, 1918-May 1, 1919)	3,401,189.85	frs.
Cash sales " " "	166,286.00	"
Stock on hand, May 1, 1919	218,060.15	"
Purchases (May 1, 1918-May 1, 1919)	3,445,472.50	"
Stock purchased prior to May 1, 1918	292,200.00	"

. . . . . .

Now during the spring and summer of 1918 came the crucial days of the European War, days and weeks when the German High Command struck again and again on the Western Front and the Allies, united at last under Marshal Foch, resisted savagely until the fury of the five German drives on Paris had been spent. Then on July 18, the Allied Armies took over the offensive and during the following months drove the enemy out of France and Belgium.

The first German offensive of 1918, it will be remembered, had been launched on March 21 at the junction of the French and British lines near Cambrai. Of this engagement, the Second Battle of Picardy, Colonel Ayres wrote:

> The campaign of 1918 opened with the Germans in possession of the offensive. In a series of five drives of unpre-

> cedented violence, the Imperial Great General Staff sought to break the Allied line and end the war. . . . The first drive opened on March 21 on a fifty-mile front across the old battlefield of the Somme. In seventeen days of fighting the Germans advanced their lines beyond Noyon and Montdidier and were within twelve miles of the important railroad center of Amiens with its great stores of British supplies. In this battle, also known as the Picardy offensive, approximately twenty-two hundred American troops serving with the British and French were engaged.[74]

Immediately after the Germans struck near Cambrai in this Second Battle of Picardy, General Pershing offered the small number of American troops then in France to the Allied Armies, to be used either as an independent unit or to be broken up and brigaded with the French and British Armies. The latter method of using these soldiers was employed and they were brigaded all along the Western Front. When these soldiers became sick or wounded, they were cared for by the British and French sanitary services in exactly the same manner as if they had been British or French soldiers.

One of Miss Russell's last reports to Miss Delano, that written February 20, 1918, had mentioned the possible assignment of American Red Cross nurses to military hospitals of the French *Service de Santé,* to care for American sick and wounded who had been sent back to these units. The demand for nurses to render service of this type increased in proportions dependent upon the numbers of American troops brigaded with the French and the military activities which occurred during April, May, June and July. This type of assignment finally formed one of the most brilliant and appealing phases of military nursing service during the European War.

Of the position held by American Red Cross supply units at the beginning of the Second Battle of Picardy, Major James B. A. Fosburgh, Director General, Army and Navy Department, American Red Cross in France, wrote:

> As is well known, all the plans of our Army were predicated upon the occupation by the American Expeditionary Forces of the sector lying roughly between Toul and Belfort (1917). The line of communications was taken over immediately and developed to extend from Bordeaux and St. Nazaire to Dijon and Is-Sur-Lille, and from there radiating

[74] "The War with Germany," p. 106.

up through the area established for division training in the country about Neufchâteau and adjacent to the Toul-Belfort sector. The hospitalization provided by the American Expeditionary Forces was entirely located along this line of communications. Large units were located at Bazoilles, Vittel, Contrexéville as forward bases, and at Dijon and points further toward the interior. In the entire area from Toul to the Channel, however, the other Allied authorities had specifically excluded all American hospitals.

With the knowledge of the divisional training and hospitalization plans of the Army, the American Red Cross located the bulk of their warehouses in the Toul-Belfort area, at Dijon, Neufchâteau, Langres, Châtillon, to serve the divisional area, and at Bar-le-Duc, Toul, Nancy, Rambervillers and Belfort, to serve the troops actually in the line. Fortunately as it subsequently developed, the bulk of our stores was centered in Paris.

On March 21, the first of the series of German offensives started in the neighborhood of Noyon and Nan and with great rapidity the German forces overran the country lying to the south as far as Montdidier, sweeping aside the French and British forces occupying that sector. This resulted in the appointment of Marshal Foch as Generalissimo of the Allied Forces. General Pershing . . . turned over to General Foch certain American divisions with the understanding that they would in all respects be cared for by the French.

On or about May 1, the First Division was moved across country from Toul to a point in the line just to the east of Montdidier, about forty kilometers north of Beauvais. While the division was on the move, we were advised in a general way of their destination and immediately took steps to secure a warehouse at Beauvais. We were told that they were moving with only their field hospital equipment and that even this material was lacking in certain essential requirements. We therefore sent in advance to Beauvais two large double-walled Bessonneau tents with all the equipment for a small field hospital, also two Red Cross nurses and other personnel with diet kitchens, etc.

From long experience with French hospitals, we knew that those institutions to which our men would be sent would lack many items of equipment and supplies which American practice considered essential for the proper care of the wounded. Before the arrival of the division, our French hospital supply service had sent their inspectors to visit each French hospital in the area around Beauvais to see that they were provided with needed supplies. . . .

Another provision was the assignment of American Red Cross nurses and interpreters to these hospitals. Within a week after the First Division had gone into the line, American wounded appeared in fourteen French hospitals. Had not American Red Cross nurses gone immediately into these institutions, some of those boys would have died without ever being able to speak to anyone who understood them.[75]

On May 6, 1918, Miss Stimson made a supervisory tour of the Beauvais area, which served the Noyon-Montdidier sectors. Of this tour she wrote:

About half-past nine that night we arrived in the pouring rain at Beauvais. Some Red Cross men took us to a little hotel, one of the gloomiest places I have ever seen in my life. All the electric lights had been painted dark blue, so that no one could possibly read. The hall and little salon were crowded with officers of all sorts, wandering disconsolately about. Our room upstairs was so dark we lit candles. Even the glass in the windows was painted deep blue against Hun avions.

The next day we visited nine hospitals, some with our American nurses and aides, others with no English-speaking persons except the few American soldier patients. In every case where there was one, I talked to the *infirmière major*. Each one said how glad she was to have the American nurses. Our women told us they were receiving every consideration. They all spoke of the wonderful devotion of the French nurses and nuns and were deeply touched by the eagerness of the French to learn American methods. Our nurses appreciate that the years of voluntary self-sacrificing service which these French women have given deserve great respect. If they, our nurses, are tactful and gracious enough in their dealings with the French nurses to be asked to teach these splendid women some results of the professional advantages so freely given us, then indeed no greater reward nor higher tribute could be ours.

Our nurses looked shadowy-eyed and white-faced from their long hours. The Americans were pitifully glad to have them. The surgical care which our men get in these hospitals is excellent.

During the second week of May, 1918, the following permission for and instructions regarding the assignment of teams

[75] Report of Major Fosburgh to H. P. Davison; Red Cross Archives.

of one American Red Cross nurse and one nurses' aide to go into every French military hospital where American troops were being cared for, were issued:

From: The Under-Secretary of State for the *Service de Santé Militaire.*

To: The Chief of the *Service de Santé* of the First Army by order of the General Commander-in-Chief.

I have received from the American Red Cross acting in connection with the Medical Department of the American Expeditionary Forces, a request for permission to detail American Red Cross nurses to French hospitals of the Zone of the Interior and of the Army Zone which have admitted for treatment sick and wounded of the American Army.

I consider that our desire to make it possible for our Allies to find English-speaking personnel in our hospitals makes us accept this proposition.

I have, therefore, decided that nurses of the American Red Cross in groups of two may be sent to all hospitals where French nurses are already present and which will have been reported to us as having received, or as expecting to receive, sick or wounded of the American Expeditionary Forces.

To carry out these instructions, you will notify me at once by telegram sent to my central office *Service de Concours Étrangers* as soon as the hospitals placed under your authority have received or expect to receive soldiers of the American Army. You will notify me also in the same manner when the services of these nurses are no longer required.

All nurses on duty in the Army Zone will be militarized; that is, they will possess the "red workers' permit" granted by the Adjutant General of the American Expeditionary Forces. In addition to this, the laws regulating the admission of this personnel into the Army Zone and as well as its stay there are those set forth in the Instruction 3993.SBA.1 of the 28d, 1917.

During their stay in French hospitals, the nurses will be placed under the direct orders of the *médecin chef* who will assign them to duty with their countrymen or with the French wounded, if the emergency arises. The nurses will not be under the orders of the *infirmières principales,* but they will live with the other *infirmières* under the same conditions and will conform to the same rules and regulations which govern the French personnel.

In case of serious disregard of rules, you will notify me by wire in order that I may communicate with the American Red

> Cross and request the urgent removal of the nurse who has become undesirable and arrange for the detailing of a nurse to take her place.

In a report of May 28, Miss Stimson wrote:

> The *Service de Santé* has asked [allowed] us to organize twenty-five teams of nurses and nurses' aides. I have appointed Alice Fitzgerald to prepare and supervise these units. She speaks fluent French and is, as perhaps you remember, a Hopkins nurse of wide executive experience.
>
> Now that the offensive has commenced with renewed fierceness, this part of our work is bound to increase tremendously. We have had to take nurses from the Department of Civil Affairs as it is impossible to get Army nurses for this work. The Army officials, though heartily in favor of our work with the *Service de Santé*, state that their nurses are needed, or soon will be, in the places to which they have been assigned. Among the last group of nurses many possessed very specialized training, but when they heard of the real military necessity they were eager to be used wherever needed. Heads of Red Cross departments have been equally fine about giving over to this work nurses assigned to their specialized services.

Alice Louise Florence Fitzgerald's first executive work with the American Red Cross was in the development of this service. The daughter of an American scholar who made his home in Florence, Italy, Miss Fitzgerald early gained knowledge of the language and peoples of France, Italy and Germany. This international background, coupled with her wide professional experience, commanding presence and native charm of personality have made her a romantic figure in American Red Cross nursing history.

Miss Fitzgerald was graduated in 1906 from the Johns Hopkins School of Nursing. Two years later during the earthquake which devastated Messina, Italy, she did emergency relief nursing in that city. In 1911, when a reorganization of the operating-room system at Bellevue Hospital was effected, Miss Noyes, then superintendent of nurses, had chosen Miss Fitzgerald as head nurse, a post requiring the exercise of unusual tact and executive ability. After the new system had been firmly established, Miss Fitzgerald left New York to become superintendent of nurses at the City Hospital, Wilkes-Barre, Pennsylvania. She later became superintendent of the Robert

Long Hospital, University of Indiana. In 1913 she enrolled in the American Red Cross Nursing Service. She was sent overseas in February, 1916, as the Edith Cavell Memorial Nurse from Massachusetts and she served as a member of the Queen Alexandra's Imperial Military Nursing Service Reserve at Boulogne-sur-Mer and at the British Front. In December, 1917, Miss Fitzgerald desired to join the American forces, so the committee of prominent Bostonians which had sent her overseas provided a substitute and Miss Fitzgerald reported on December 13 to Miss Russell at Paris headquarters of the American Red Cross. She was immediately assigned to answer an emergency call for nurses at Rimini, Italy.

In February, 1918, she was recalled to Paris. She wrote of her subsequent work:

> On February 18 I was sent down to Bordeaux where I was attached to zone headquarters. My work consisted chiefly of supervising the existing American Red Cross activities and of looking around for possible sites for future projects. Among other duties, I took over that of meeting the incoming boats and welcoming our nurses as they landed in France. I have heard many of them say that it was a great relief for them to see a fellow-nurse standing on the dock waiting for them.
>
> On May 16 I was recalled to Paris and given charge of the work with the *Service de Santé*. This type of service consisted of placing American nurses in French hospitals to care for American sick and wounded; it had begun in a very small and unofficial way as far back as March, 1918, when nurses were sent to Soissons to care for our men in French hospitals. . . . The formal agreement with the *Service de Santé* had just been signed when I took charge of the service in May. . . .

Florence M. Patterson assisted Miss Fitzgerald in this phase of American Red Cross nursing service. Born in Wisconsin, Miss Patterson received her A.B. from Northwestern University and was graduated in 1907 from the Johns Hopkins School of Nursing. She was for some time assistant superintendent of nurses of the Allegheny General Hospital, Pittsburgh, Penna. After extensive post-graduate instruction at Teachers College, New York, and at the Chicago School of Civics and Philanthropy, she did medical social service work and public health nursing in Chicago and Boston. In June, 1917, she joined the

staff of Miss Noyes at National Headquarters, but was released the following month to act as chief nurse of the American Red Cross Commission for Roumania. The Roumania unit was recalled from the Balkans in June, 1918, and Miss Patterson was then assigned to the Paris headquarters to assist Miss Fitzgerald.

Of the conditions which confronted the first American nurses who were assigned to French hospitals, Miss Stimson wrote Miss Delano on May 28, 1918:

> You already know that American troops have been placed with the British and the French forces. It has followed that when they were sick or hurt, they have been cared for exactly as were the British and French troops. With the British, this, of course, was a very simple matter; the American wounded were sent right down through the British bases. With the French, the problem has been quite different because of two things; the difference in standards of nursing and the difference in language.
>
> In one hospital I saw a French sign in the corridor which said "All volunteer nurses will please leave their names and addresses in the office." In this institution, I was told there was no head nurse. I should tell you further details, were it not that I think it unfair to put in writing observations about women whose self-sacrifice and endurance have been so devoted but whose professional opportunities so limited.
>
> As for language difficulties, a large number of American boys soon came to French hospitals, where there was not one English-speaking person. When this was discovered, the Red Cross received permission to put a few American nurses into these hospitals. Since so few of our nurses speak French, a French-speaking nurses' aide was sent with her in almost every instance. The reports that came back on the work of these teams were most satisfactory. I wish I had time to tell you individual stories of our boys, who until an American nurse spoke to them, had thought they might be in the hands of the Germans, and of cases where amputations had to be done when it was impossible to explain to the boy beforehand what was going to take place. . . .
>
> Some day the story will be written of the spirit of these few nurses who went out into bombed areas, into crowded French hospitals where they shared quarters with French volunteer nurses, or found rooms for themselves in shelled villages as best they could. Too high praise cannot be given them. Some day perhaps those American boys themselves

will tell what it meant to them to have an American nurse when they were so badly hurt, and were in the midst of strangers with whom they could not communicate and under conditions the misery of which they cannot exaggerate.

Miss Delano commented in the *Red Cross Bulletin* of August 26, 1918, upon the heart-appeal of this service:

> The sound of the mother tongue in a strange land has always been considered the sweetest sound on earth. A letter from a Red Cross nurse in Roumania tells of being assigned to a ward containing a Hungarian, a German, a Bulgarian, a Prussian and a Turk. "The Turk had his leg in a Russian splint but he certainly did smile when I asked him for the first time if something was 'Choke ginsel' (Turkish for 'very good')," the letter reads, "and was equally delighted when I counted for him in his own language." If the unspeakable Turk can smile with delight at the sound of his own language, what must it mean to our American boys to have someone near who understands when he refers to "Dad" as a "good old scout;" New York as the "Big Town;" who knows that a "cop" is a policeman; a "hobo" a tramp; that "Howdy" means "how do you do;" and "look out!" means "be careful!" Medical men call it the striking of a normal balance, the destroying of the abnormal condition produced by unusual complexity of emotion and the sudden acquisition of almost a lifetime of experience in a few months.

Sara R. Addison, an American Red Cross nurse assigned to duty in a French hospital, wrote of her service:

> Morale does not apply to the fighting men alone, but to the soldier who has fought, is wounded and is "down and out" for the present. I firmly believe that many a man would have felt it easier to die than to try to make his wants understood. I remember one incident, amusing after it was over, but intensely painful to the lad while it lasted. He had had both legs and one arm broken by an Army truck which had struck him. When he came to the French hospital where I was assigned, I happened to be off duty. As I came on again I was met by a French patient gesticulating wildly toward *"le blessé Américain."* I was distinctly alarmed to find six Frenchmen and one French nurse surrounding his bed. Hemorrhage, collapse, death entered my mind. The real facts were that he had sneezed while asleep and in some way

twisted one of his broken legs. The French nurse immediately ran to him and succeeded in getting the leg in a more comfortable position but he could not make her understand it *was* easier. She continued to change its position, with excruciating results. To understand his relief upon my arrival, one had to see his face. His only exclamation was: "For God's sake, tell them I'm comfortable!"

Of the nature of this service, nurses' letters speak for themselves. Annie S. Rathbone wrote:

I was one of a group of nurses assigned in June, 1918, to February 3, 1919, to the care of American soldiers in French hospitals. The presence of American women, as well as the more familiar methods of nursing, seemed to soothe them greatly. One boy, weak and near his end, said: "No, I don't want anything. Please talk to me. I like to hear you talk American."

Particular scenes stand out vividly, but it is sometimes the simple and less romantic details that one loves best to remember. Perhaps my most precious memory in all those stirring times was that of half-delirious, dying boys calling me "Mother." This was by no means merely a nickname; but it occurred so often in isolated cases as to quite astonish me, for in my nursing work at home it had never happened. I heard two other Red Cross nurses say that their experiences had been the same and they treasured the remembrance as I do.

Of course as nurses in the war zone, we had the usual bombing raids. Sometimes (as at Creve-Coeur-le-Grand) it seemed, when bombs dropped all around our hospital, quite by itself in the open fields, and when window glass was shattered over the patients' beds, that the enemy was really using the hospital as a target. We nurses generally found these raids more endurable when it was our turn to be on night duty with the patients than when we had to sit passively through long hours in the shelter of a cave.

The American Red Cross supplied many articles of equipment and numerous luxuries to American sick and wounded in French hospitals. Miss Fitzgerald wrote of this phase of the service:

Our nurses did not simply go out to give the patient the nursing care he required. They went to look after his general

welfare. They provided for him the food which was not obtainable in the hospital, the companionship which he missed, the small luxuries which our men were very apt to call necessities and in other words, anything or everything which the Red Cross could give. As soon as nurses left for a particular hospital, I put in a request for certain standard supplies such as pajamas, socks, cigarettes, chocolate, games, writing-paper, magazines, books and newspapers. Wherever the hospital was not too far, I have taken these supplies out by motor.

The average French hospital has very little equipment and it is surprising that the results are as good as they are. In all cases, we have been given all that there was to give and if any partiality has been shown by the French, it was in favor of the Americans. It has been necessary to greatly supplement the food, clothing, bedding and equipment in order to approach the standards which we have set for ourselves in America.

In one particular instance in a French hospital in Betz when I arrived there on a tour of inspection shortly after the nurses, I found that a room, in which ordinarily we would have placed two beds, then contained ten beds. In eight of these, very seriously wounded men were lying. In the other two beds, men had died but a short time before. The beds were so close together that you could not have stood between them. The nurses were absolutely at a loss through lack of equipment and the men were so sick that even then it seemed impossible for many of them to survive the night. I made a list of the supplies that they needed and at the same hour the next day, I had all these supplies out there and the gratitude of the nurses and indirectly of the patients was a joy to behold. . . .

Miss Fitzgerald made many trips of inspection. The following extracts were taken from reports written by her after these trips:

June 18, 1918: I left Tours for Saumur. Here I found our nurses on duty in a contagious hospital in a wonderful old chateau overlooking the Loire. Neither moat nor drawbridge were lacking. . . . The nurses are living in a private house just outside the chateau walls and are very happily situated. Our patients seemed contented and well cared for. . . .

June 20: Miss Ethel Swope [Connecticut School for Nurses, New Haven, Conn.] is working in the *Hôpital Auffredi*, the oldest hospital in France except the original *Hôtel Dieu*.

She is caring for the contagious. On arrival there, she found a colored man suffering from a very severe case of small-pox and his condition was so desperate and repulsive that he had practically been abandoned to his fate. Many were afraid to go near him. His joy at seeing an American who could understand him was quite pitiful. The first thing which he asked the nurse to do was to write to his people that they would never see him again and that his one regret was that he was dying before even having been in battle. Miss Swope cared for him until the end and the man was given a most impressive and dignified military funeral, his coffin draped with the Stars and Stripes.

June 28: Argentan-sur-Orne: Some of the patients were in another hospital in the city and the surgeon had them brought to the *Hôpital Mixte* in order to have them all together. This removal caused much flutter among the French Red Cross nurses who are very anxious to keep our men. . . .

A very ill patient is now being cared for in this hospital. He is lying on a hammock suspended to a wooden frame and with the help of many pillows is being made comfortable. A water mattress has been asked for him and was shipped immediately. Miss Adeline Rowland [Johns Hopkins School of Nursing], who has charge of this case, has been extremely devoted. She has bought food and dainties and the patient himself told me of a delicious chicken which lasted three days and of which he often thinks. It is a question if his life can be saved. I asked him what I could send him and his answer was "pies!" I fear it will be difficult to fulfil his desire, as there are no canteens nearer than Angers, but I will send tinned fruits and other delicacies from Paris. . . .

Of the pressure under which the French hospitals operated during the last great German offensive, Katherine Williams, a St. Luke's (New York City) graduate assigned to *l'Hôpital Militaire,* Chalons-sur-Marne, wrote:

Paris, July, 1918: . . . That memorable holiday, July 14, I had dinner with some of the canteeners and went to a concert afterwards, returning home and getting to bed about 9:30. Twelve midnight—Bang—with so great a concussion that it practically threw us both out of bed, and we were sure a bomb had struck the house. The sky was blazing from horizon to horizon and the thundering roar of guns was so close and terrific that it made my blood run cold. That first bang on the dot of midnight was a long range gun that planted a shell very close to our house every five minutes

regularly for two days and nights. . . . By the time this letter reaches you it will be no secret that the Huns had their eyes and plans fixed to drive through Chalons again.

When it began, one of the first things we did was to pack up everything, ready to flee at a moment's notice. Of course we dressed and went over to the hospital and about 6:30 A.M. the first French *grands blessés* began to arrive. I shall never forget the sight of that hall, litters from end to end, men blown to atoms but still pitifully hanging to a thread of life; no noise, a sickening silence as the ambulances were unloaded, a litter lifted down to the ground, only to find that the journey had been too much and that in that lonely, ghastly ride one more soul had been released.

We both turned to at once, to cut the clothing off the men and get them ready to go to the operating-room. In the midst of this, the chief surgeon, M. Tardary, asked me if I would operate with him; they were short on doctors and his assistant must work another room so that they could keep going two at a time. The French surgeons are marvelous. He asked me during the day if I were fond of surgery and added "But this is not surgery; it is butchery."

. . . About noon that day we were told that we were going to receive Americans; there had been a dandy little field and mobile hospital unit established nearer the line, but they had been bombed and shelled almost out of existence and were forced to move back. . . . Four barracks on the lawn were set aside for the American unit when it should arrive and about 2 A.M. the patients began to arrive. . . . Sister Jean and M. Houlie, the eye, ear, nose and throat doctor, who was not very busy at the time, picked out the worst cases and pumped them full of camphor or morphine. Miss Robins [76] too was splendid; how thankful I was to have an aide who had had sixteen months of war work, who was possessed of a level head and a tactful French tongue!

About five that afternoon, two American surgical teams, four doctors, two anesthetists, five nurses and several orderlies arrived. . . . We established a *triage,* as the French call it, or a sorting-out hospital on the lawn and as the ambulances arrived, one doctor was stationed to keep those men who were in so shocked a condition they could not go further (eight kilometers on was a large American hospital ready for a large number of men) and to send the rest on. The new arrivals were put in one barrack and as soon as possible were carried over to the main hospital building for operation and then back

[76] Margaret Robins, of Philadelphia, an American Red Cross nurse's aide who served with Miss Williams at Chalons.

to a post-operative barracks. All this went on under Boche bombs tumbling from airplanes, that five minute long range shell and anti-aircraft shrapnel falling like hail all over the place and much the most dangerous thing of all. Surely God, in his protecting divineness, must have seen and felt our sufferings that week, for happily no one was hurt or killed in our particular hospital all those terrible days. I've saved the piece of shrapnel that glanced off my tin lid.

During nights such as these, the French and American nurses repeatedly came face to face with death and the memory of the agony which attended the last struggle burned itself into their consciousness and left scars which were to remain there for many nights and days to come. Miss Williams wrote:

Miss Robins, two of the Sisters and myself stayed in the barracks on the lawn. There were five nurses in the operating-room. I could never tell you about that night,—it is burned into my memory as a horror never to be forgotten. Men died, it seemed to me, every five minutes; every case was either abdominal or head and therefore practically hopeless. I did not know death could be so pitiful. All I've ever seen of death has really been a merciful release for some soul struggling against disease when the course of life was nearly complete, but God! how hard it was for these strong young lives to give up, such a ghastly waste of human vitality, thought, happiness, everything worth having, snuffed out under the most exquisite suffering! And nothing to be done about it but try and make it bearable and thank God few knew they were going to die. That is the worst of all. . . .

Friday night enemy aviators came again, so the patients were taken down to a cave which served as an *abri*. Miss Williams described the bombing:

At nine-thirty the Huns arrived. They bombed until 3:45 A. M. around and around the hospital, blew open every iron shutter on the windows, came within ten yards of the contagious building so that all the contagious patients were forced to come over to our cave and halls. The concussion of one bomb was so terrific that it broke the leg of Captain M., one of our oldest patients, whose two breaks had nicely knitted.

The terror of the patients was simply pitiful; those brave lads who had gone over the top so unthinkingly, found it almost impossible to bear the racket when they were bound

helplessly to a bed. I kept thinking the next will surely get us, but evidently they were just warning us to get out, for their aim was perfect and they just went around and around us all night. We started at 4 A.M. to evacuate (that was Saturday) and after all the patients had gone we went over and packed.

We started for Paris at 5:30 P.M. Saturday and it wasn't until we got into that train that we realized we had not been undressed, to bed, or off duty since Sunday at midnight when the fracas began, and during the whole week I counted up four and a half hours sleep [in 137 hours' duty]. We got to a little town about midnight, where we had to change. There we had something to eat and although we were half-starved we would fall asleep between mouthfuls. After that we sat on our bags on the platform until 6 A.M. waiting for the train to Paris, which was supposed to come through about 2 A.M. We reached Paris at 1:30 P.M., Sunday, went to the *Pension Galilee,* had a grand lunch in our rooms and by 2:30 we were sound asleep and never woke up until the following morning around 5 A.M.

Of each day's routine in those French hospitals, a nurse wrote:

Some years ago, a wild youth, the son of a titled family in Brittany, ran off to America. He had no money and helped to unload bananas at the docks in New York as his first job. Later he was a waiter and almost everything else. In the course of twenty years he became very prosperous in iron and steel and was completely Americanized.

Then when the war broke out, he volunteered in the French Army. For months he seemed to bear a charmed life. But after a while in one of his dare-devil voluntary services, he lost a leg near the thigh. The surgery was skillful but gangrene had made headway. There was just one thing to do, long frightful baths of iodine. Those baths were my severest duty in this war. The agony afterwards, too! With his face drawn and ghastly, he would joke in American slang. His strength was so wasted that his surgeon told him he must conserve it even to the extent of not changing his position. Watching the clock, he would lie on one side for five minutes, the extreme duration possible, then on the other for five minutes. With such a mighty force of will to live, he performed for a while the miracle of living.

They told his mother from Brittany, whom he had not seen for twenty years, that she could come if she would smile all

the time she was there. The frail little gentlewoman bowed. "I will come smiling," she said. She did. And in the days that followed, through the dressings, through the iodine baths, she sat near him, knitting and smiling.

Then one day we brought him other news, the two supreme messages of his life. This French-American or this American-Frenchman, had been cited. . . . At the appointed time, the doctors, the nurses, the directors came in. Then the General entered with his staff, to which were attached military drummers. The ceremony begins with the drums rolling a certain beat, never used except to announce this decoration. We stood at attention, the patients of the wards held themselves at salute, the General touched with his sword the shoulder of the trembling, uniformed man in bed, saluted his cheeks and attached the *Médaille Militaire* on his breast. The drums rolled thunderously.

The surgeons didn't talk for a while. They knew. And we nurses dropped things and were awkward for the rest of the day. And the frail little mother kept smiling, with energetic nods over her knitting. She knew.

Miss Fitzgerald had ample opportunity to see the French hospital and nursing service in operation. The reports of her inspection trips mention again and again the courtesy of the French surgeons and the willingness of the French nurses, handicapped by inadequate training, to do what they could for the Americans. Miss Fitzgerald wrote:

August 3: I visited the H. O. E. 18 at Meaux. Here I found one of our nurses in charge of the *triage,* or sorting-station. In one corner of this great admission tent, she had established a little diet kitchen of her own and in her odd time she made broth, porridge and such diets for the patients in that hospital and in the other hospital at Meaux whom she thought would be benefited by such food.

In the hospital, the *médecin chef* spoke in great admiration of the nurses. The thing that struck him especially was the fact that our nurses actually washed and cleaned the patients themselves and that they said they enjoyed doing this. This remark might seem strange to anyone who did not understand the French methods of nursing, which consist purely in making surgical dressings, in taking temperatures, in giving the medicines and carrying out the treatments ordered by the doctor,—and here the nursing ceases. The actual care and cleanliness of the patient and of the bedding falls to

the lot of the servant class, no matter how ill the patient is. The result is that a patient goes unwashed until he is well enough to get up and ambitious enough to do this for himself. . . .

August 22: Went to the H. O. E. 13 at Château-Thierry and found one of the nurses had been called for by a French General in his own car to go and care for an American lad in a French formation nearby, who was not expected to live. Time proved this to be true and the man died very much the happier for having had an American nurse with him who was able to take his messages and send them to his people at home. The courtesy of this French General should be much appreciated; it was a very humane act on his part to go himself and get the nurse whom he knew would provide the care and consolation which the boy needed.

Molly B. Smith, an American Red Cross nurse transferred from the Children's Bureau to a French hospital, wrote:

We found ten severely wounded American boys at the Hospital Betz. The French moved them into a separate ward and put them entirely in the care of my aide and me. Four of the boys were delirious and two died almost immediately, the other two a few days later. The French at once sent four very ill *poilus* to fill the four vacant beds. At first we could not understand this, as there were still vacant beds in the French hospital, but we learned that they had sent us their worst cases because they had noticed the nursing care which we had been giving our boys and realized what it might accomplish with their own desperately wounded cases.

We in turn marveled at the kindness and the attention which the French doctors gave every man, regardless of his rank and the nature of his wound. And the hours that they were able to keep going, in a work which to them was already a very old story! This was also true of the *poilu* orderly, so polite and so efficient.

In September, 1918, Miss Fitzgerald inspected twenty-six French hospitals to which American Red Cross nurses had been assigned. She wrote:

Most of the formations that I visited at this time were barrack formations and some of them were extremely well organized and administered. I found several of them being taken over by the Americans, who naturally were each day

taking over more in this particular region. The situation in a hospital which is changing hands is really rather curious: the *médecin chef* finds himself very much at a loss because he has no idea of his own personal status. All he knows is that he has lost a hospital and that the Americans have gained one and as our methods are so very different from the French, he does not quite understand at what stage of the game he is. The Americans arrive rather suddenly with a great many cars and conveyances and apparently need more space than the poor French ever had in four years of war, but after a while things settle down and nothing could interfere with the perfectly good feeling between the French and the Americans.

I found that the American formations did not have any nurses with them. Upon asking the reason for this, I was told that an Army order had forbidden the presence of any woman in this area until the first gun should be fired, as the white cap and white uniform were considered to be too conspicuous. The roads presented an endless stream of convoys going in a direction north of Verdun and this endless stream continued for twenty-four hours out of the twenty-four. It did not seem possible that so many Americans could be in France!

Two hundred and five American Red Cross nurses and nurses' aides were assigned during the spring, summer and autumn of 1918 to the French hospitals of the *Service de Santé.* Miss Fitzgerald wrote:

Our nurses have been in 151 French hospitals. The total number of the American Expeditionary Forces cared for is difficult to estimate, because the American wounded came in in such varying-sized groups, from 4 patients to as many as 600 patients. A fair average group, I think, would be about 20 patients to one hospital. At least 3000 American sick and wounded have been cared for in all by the American Red Cross nurses. When there were not enough of the American Expeditionary Forces to need all of a nurse's time, she helped among the French wounded.

. . . . . .

Perhaps the most spectacular service which the American Red Cross in France rendered to the United States Medical Corps and to the wounded American soldier in France was the establishment of emergency hospitals during the spring and summer of 1918 for the American Expeditionary Forces. At the beginning of the German offensive of March 21, 1918, it

will be remembered that the sanitary formations of the U. S. Medical Corps were located behind the Toul sectors in the eastern and southeastern part of France. In the third offensive, the German High Command chose to strike, however, at the French trenches along the center of the Western Front. Of this blow, Colonel Ayres wrote: "For their next attack (May 27) the Germans selected the French Front along the *Chemin des Dames* north of the Aisne. The line from Rheims to a little east of Noyon was forced back. Soissons fell. . . ." The First Division was at this time brigaded with the French in the Noyon-Montdidier trenches. On May 28 the Americans captured and held the town of Cantigny and the casualties were sent back to Beauvais for evacuation to Paris. How the American Red Cross medical service fitted into this emergency is shown in Major Fosburgh's report:

> We consulted with the Army authorities and found that by agreement the French had promised hospitalization of our men and that for diplomatic reasons it would then be impossible for our Medical Corps to establish an American evacuation hospital back of our own troops in the French sector. If the American Red Cross could accomplish this, however, it would be welcomed by the Army.
>
> The French *Service de Santé* was approached on the subject. The American Red Cross proposed that they establish and operate an Allied hospital at Beauvais with the understanding that if American troops were in the neighborhood, their wounded would be sent here. The proposal was immediately accepted and the French hospital located in *L'Ecole Professionelle* at Beauvais was turned over to the American Red Cross. It was our understanding with the French *Service de Santé* that the hospital would be transferred to us fully equipped. Our inspectors reported, however, that the existing equipment was deficient, so we made arrangements prior to the actual assumption of the hospital to re-equip it, expecting in the meantime to use temporarily the equipment of the French.

Of the organization of the nursing staff for this hospital, later designated as American Red Cross Hospital No. 104, Miss Stimson wrote:

> A special meeting was held May 29 in the office of the general manager who in the absence of the commissioner for

France called the acting head of the Department of Civil Affairs, the chief nurse of the Children's Bureau, the director of the Women's Bureau of Hospital Service and the chief nurse of the American Red Cross in France. After the discussion of the need for nurses to take care of American soldiers not only in Paris but in hospitals nearer the line, this meeting voted that the Department of Civil Affairs should immediately call in at least forty nurses for reassignment by the chief nurse to the Department of Military Affairs. This number was later raised to sixty.

By three o'clock the next afternoon twenty nurses, most of them specialists in baby welfare, tuberculosis and other forms of public health nursing, left for Beauvais while twenty others were sent to prepare the hospital at Auteuil. Three doctors, the nurses and two orderlies were crowded with many supplies into two trucks.

We reached Beauvais after 10 P.M. The town was so dark that we could hardly keep the road; French sentinels at intersecting streets were the only human beings visible. Two American military police guided us to Red Cross headquarters. On the way, they pointed out the wrecked buildings in which many of the sixty civilians, killed the night before, had met death.

Red Cross headquarters was in total darkness. When I told Captain Jackson that twenty nurses and Bishop McCormick had arrived, we got vigorous response. Through the streets now dark and congested by Army trucks heavily laden with troops, we threaded our way to *L'Ecole Professionelle.* As we drove into the courtyard we saw the dim outline of a quadrangle-shaped building. Some voices were heard and several people came out with exclamations of welcome. By this time, the siren was sounding and the guns boomed their reply.

We nurses were hurried across a cloister-like corridor into a pitch black room. It was impossible to see the faces of the people who were speaking and not even a lighted cigarette was permitted. We soon got the situation: two hundred American patients and some French cases left in a wholly unequipped hospital. The severe raid of the day before had completely demoralized the French civilian employees. Gas, electricity and water mains had been put out of commission. A large number of patients, after twenty-four hours, still lay on the stretchers on which they had come in from the field. Six American nurses, gathered up from surrounding places, had been toiling night and day but were still as game as the American officers in charge.

They asked for eight volunteers from among the new arrivals. Every one of the twenty moved forward. The first eight whom we touched in the darkness were put to one side and the rest groped their way to an empty ward containing nothing but bed frames with metal slat-springs. In spite of two air raid alarms, they went immediately to bed. One adventurous soul happened to look out of the window at 2 A.M. and saw in the courtyard our other truck containing their baggage. Out she went for bags and holdalls and those nurses at least had uniforms in which to go on duty.

The eight nurses took off their hats and coats and went into the unlighted wards filled with heavily wounded men. What a tired group they were next morning, with their hair disheveled, without caps, with their faces and dresses covered with dust from their trip, with stained towels pinned up across the front of their cloth dresses!

One of the eight nurses who were selected for night duty was Anna J. Johnson. She wrote of her experience:

Miss [Dorothy] Turnbull, the chief nurse, led the way through the darkness and we followed as best we could. Miss [Margaret F.] McLeod and I were taken to wards on the top floor; we thought we would never reach the top, as we had to feel our way up winding stairs and through dark halls. We were told that there were about sixty new operative cases and were instructed to watch for shock and hemorrhage. "Do not strike a match or turn on a flashlight," were Miss Turnbull's parting words.

The barrage continued throughout the night, the Boche planes hovering above us and the shrapnel falling like rain on the roof. When there was a lull, we could hear our patients moaning but we could not always find them. At 3:00 A.M. the moon came out and we could see after a fashion. At dawn, we discovered that we had had patients and beds and dirt, but practically nothing else. We had only one centigrade thermometer, three glasses, one basin, no towels, no wash-clothes. . . .

Miss Turnbull took us to breakfast in a huge hall where Italian and French orderlies were screaming at each other. There were a number of long dark marble tables. Breakfast consisted of French military bread, date 1915 on the loaf. Each person cut his or her chunk off; there was a streak of mold running through it, but one picked off the good bread and ate it. There were large granite pitchers of coffee. . . .

The capacity of the Beauvais hospital, originally two hundred and fifty beds, was immediately expanded by the use of Bossonneau tents to four hundred, a number large enough to make necessary the establishment of a special evacuation train service running between Beauvais and an emergency base hospital established on the Auteuil race course near Paris. During the entire time that the First Division was in the Montdidier sector, American Red Cross Hospital No. 104 received and evacuated American wounded. Miss Stimson reported the conditions on the morning following the arrival of the emergency unit:

> Patients were immediately evacuated and others admitted. Nurses in charge of the wards soon began to bring comparative order out of chaos. Boxes of supplies were opened and equipment of all sorts distributed. A number of the members of the Smith College Unit were flying about on all kinds of errands. Some made beds, some went in their camions for food, others washed dishes. The kind of work they had been doing for days has been beyond all praise. Left alone in wards full of seriously injured men, they had nothing but instinct and common sense to guide them in their care.
>
> In leaving the hospital, the French had taken a great deal of their equipment. Red Cross supplies from the warehouse in Beauvais were rushed over within a few hours. A Red Cross plumber and electrician appeared. Soon all the departments of a smoothly running evacuation hospital were getting into line.
>
> "Tell them in Paris," said the Army Major in charge, "that we are marching on."
>
> "Tell them," said the nurses, "this is what we have come for, this is exactly what we have had all our preparation and all our training for, and we can't say how glad we are to be here!"

Back in Paris on the *Champs de Course* at Auteuil, just as splendid a piece of work was being done in the emergency erection of a Red Cross base. Dr. C. C. Burlingame, director of hospital administration of the commission, reported concerning the establishment of this hospital, American Red Cross Military Hospital No. 5:

> On April 8, 1918, Colonel S. R. Wadhams, Medical Corps, presented to the Red Cross the possible need for additional

hospital beds in Paris; that the Army was forbidden to acquire them; and asked for a tent hospital in the Bois de Boulogne. This request was later confirmed in writing in the name of the Chief Surgeon.

The Red Cross undertook the establishment of a hospital capable not only of caring for convalescents, but to be used for general medical and surgical work. The construction was commenced on May 6. Twenty-one working days later, on Memorial Day, this hospital received its first convoy of one hundred and sixty-nine patients. At the beginning it was a five hundred bed hospital, but grew rapidly to twenty-five hundred beds. This tent hospital became the great sponge which absorbed all the overflow patients during the German drives toward Paris.

American Red Cross nurses composed the entire original nursing force. When the emergency arose, they were swiftly withdrawn from the Children's Bureau, the Tuberculosis Bureau and other Red Cross civilian relief activities. Never was there a better demonstration of the resourcefulness of American women than in this instance. Perfectly green in the military game, they filed in, formed a nursing force of an extremely active military hospital and accomplished their task as if they had been there all their lives.

Harriet L. Leete, of the Red Cross Children's Bureau in Paris, an American public health nurse of ripe experience and great native ability, was chief nurse of the Auteuil Tent Hospital, American Red Cross Military Hospital No. 5. Miss Leete was a graduate of the Lakeside Training School for Nurses, Cleveland, Ohio, and was for many years superintendent of the Babies' Hospital dispensary of that city. Her first affiliation with the American Red Cross came in 1907, when she volunteered through the Rochester Chapter for service as a nurse. She was one of the charter members of the National Committee on Red Cross Nursing Service and was an enthusiastic sponsor of the service during the early days of organization and throughout the period of war and demobilization. She went overseas as a member of the U. S. Army Base Hospital No. 4 (Lakeside), but was transferred from her unit on September 15, 1917, for duty with the American Red Cross Children's Bureau of the Department of Civil Affairs, Red Cross Commission for France. In her work with the Children's Bureau, she rendered brilliant service until her transfer to military duty as chief nurse of No. 5.

Miss Leete had as her assistants at the Tent Hospital, Susan Apted, Blanche Gilbert and Grace Kellerhouse. To Mrs. Apted (Connecticut Training School, New Haven, Connecticut) was entrusted responsibility for setting up and equipping the various tent wards, as the hospital was expanded during the summer to meet emergency needs. Blanche Gilbert (Lakeside) had charge of the placement of nurses in the different divisions of the big base. Grace Kellerhouse (Methodist Episcopal Hospital, Brooklyn, New York) was the head nurse of a unit of twenty Navy nurses which was assigned in August, 1918, from Navy Base Hospital No. 1 at Brest to Auteuil, to relieve the nursing shortage at the Tent Hospital. Miss Kellerhouse was placed in charge of the training of the orderlies at No. 5. She was given authority over the sergeants and by reason of this important concession, as well as because of her native tact and ability and her previous experience in the Navy Nurse Corps—for one of the chief duties of Navy nurses is the instruction of hospital attendants—Miss Kellerhouse did brilliant work at American Red Cross Military Hospital No. 5.

At the height of the summer offensives, the nursing staff of the Auteuil Hospital numbered nearly three hundred nurses. The hospital occupied a position of great strategic importance. Nurses who had arrived in France without any experience in military nursing were assigned to temporary duty at No. 5 and were there instructed in war-time surgery by Inez Cadell (Johns Hopkins), a surgical nurse familiar with the most modern phases of war nursing technique. After this introduction to military nursing in the Tent Hospital, where conditions somewhat resembled those to be encountered later in the field, the nurses were sent on up the line to forward American Red Cross and Medical Corps units.

Of the recreational phases of American Red Cross Military Hospital No. 5, Dorothy Lewis Kitchen, who had aided Miss Delano in the preparation of nursing publicity at National Headquarters until her assignment overseas as a hospital recreation hut worker, wrote:

> American Red Cross Military Hospital No. 5 is a large tent hospital on the race course. The recreation hut, also under canvas, contains writing tables, a piano and victrola and a canteen where cigarettes, etc., are sold. We came through the mud and pools of water with a bunch of boys dressed in bath robes, going to hear a Y.M.C.A. concert

there. The gassed cases are the hardest. Any man would prefer a heavy wound. These boys have a queer yellow-white color, are very thin and cough in a peculiarly rasping voice when they've had it in their lungs.

The tent was jammed with soldiers. The concert singer, one I'd heard in vaudeville in the States, got them to singing. It's queer that they seem to adore the rather sad, sentimental songs like "Just a Baby's Prayer at Twilight" and "Homeward Bound." She singled out a little darkey from Tennessee who ragged the piano, another doughboy who also played and several who whistled excellently. The audience really brightened up to hear one of their own crowd perform.

Going back we passed the windows of the tent wards; heads came popping out and they called:

"Gee, real American girls!"

"Anybody there from Missouri?"

"Ain't California swell?"

Some inside who couldn't lift their heads smiled at us through the windows.

Elizabeth Creadick, an American Red Cross nurse who was at one time assigned to duty at No. 5, wrote:

> The little comforts and luxuries furnished the boys at Auteuil made a tremendous impression upon them. One night while on duty in a stable which had been improvised into a semi-hospital, I overheard a boy say he hoped he would go to Red Cross Hospital No. 5 in Paris because "you got ice cream there and it was some hospital, besides!" The other boys, all grievously wounded and lying on blood-soaked stretchers, forgot their suffering for a moment to dispute such a fairy tale. The lad got his wish because I went to see him at Hospital No. 5 a month later.

During the first six months after its establishment, American Red Cross Military Hospital No. 5 received 11,401 American patients and maintained 183,733 hospital days.

The Beauvais and Auteuil hospitals were created out of the dire emergency caused by the enemy's possession of the Soissons Line. The need for Red Cross emergency hospitalization for American troops continued. Colonel Ayres reported the continuation of the third great offensive of the German divisions massed on the Western Front:

> . . . Soissons fell and on May 31 the enemy had reached the Marne Valley, down which he was advancing in the direc-



American Red Cross Military Hospital No. 5, at Auteuil, near Paris. To the right appear the old betting-booths under the trees.



The interior of a tent ward at Auteuil.

tion of Paris. At this critical moment, our Second Division together with elements of the Third and Twenty-eighth Divisions were thrown into the line. By blocking the general advance at Château-Thierry, they rendered great assistance in stopping perhaps the most dangerous of the German drives. The Second Division not only halted the enemy on its front but also captured from him the strong tactical position of Bouresches, Belleau Wood and Vaux.

Major Fosburgh summarized the sanitary situation of the Second Division as it moved into the line at this grave crisis:

> It was reported to us that in the expectation that the French would provide all hospitalization, the Second Division had left in the Toul area everything except their regimental medical chests. Furthermore, because of the suddenness of the drive between Soissons and Rheims, the French had been unable to salvage any of the hospitalization in that area and had lost in excess of 55,000 beds. They were totally unable to make provision for the needs of the Second Division.
>
> The day after their arrival in the Meaux area, Red Cross inspection of their equipment found their entire hospitalization to consist of two field hospitals. One of these, located in a cow barn, had five stretchers and a small assortment of drugs and dressings. The second one, located in a small schoolhouse, had twelve stretchers and a larger collection of dressings and equipment. Back of these so-called field hospitals, the divisional surgeon was attempting to establish at Meaux, a distance of twenty miles behind the lines, in a wrecked château, an evacuation hospital, using tentage and equipment previously loaned to the division by the American Red Cross. Back of Meaux, not a single bed was in readiness for the reception of wounded, hourly expected, until Paris could be reached at a further distance of approximately thirty miles.
>
> The divisional medical officers and consultants appealed to the Red Cross for assistance. It was apparent that a hospital for evacuation purposes must be established at once and arrangements were concluded over night for taking over the hospital at Jouilly, Seine-et-Marne, which had been operated since 1914 by Mrs. H. P. Whitney. At that time it had a capacity of 235 beds. Additional buildings and tentage immediately brought this up to eight hundred and before the Marines and other detachments of the Second Division made their great fight in Belleau Wood, this hospital was in full operation. The Red Cross also furnished tentage, dressings,

instruments, drugs and other supplies to the division for their field hospitals. Everyone of the eighty-five hundred casualties in a single week in Belleau Wood were brought down through American Red Cross beds to Paris.[77]

Colonel Burlingame's report included the following comment upon the work accomplished by the little unit at Jouilly, Seine-et-Marne:

> Colonel Morrow, chief surgeon of the Second Division, suggested that the Red Cross take over the Jouilly hospital and that transportation of patients be made by ambulance from Meaux to this point. With no formality at all, the hospital was taken over and on the same night, June 3, it was filled. Within a few days its capacity was increased from two hundred and eighty to one thousand beds. On June 8 the Red Cross personnel was augmented by the assignment to duty at this formation of personnel from United States Army Evacuation Hospital No. 8.
>
> During the days of its enlargement, installation of electric lights, etc., it received a continuous stream of supplies from Paris and at the same time was caring for its maximum capacity of patients. On July 6 and 7, 1700 patients were handled by this small unit and 1183 were evacuated to Paris. The personnel of Evacuation Hospital No. 8 was withdrawn and for a time some of the personnel from a newly-arrived Army base hospital were assigned to duty there.
>
> The removal of American troops from this sector resulted in the withdrawal of the Medical Corps from this formation and this unit was therefore discontinued as an American Red Cross military hospital to function as American Red Cross Hospital No. 105 for the French wounded.[78]

The hospital at Jouilly, Seine-et-Marne, was used as a medical and surgical center throughout the summer of 1918, while American troops were in the vicinity of Château-Thierry. Anna Johnson was assigned to duty there on August 22. She wrote:

> This hospital is located in an old college and the buildings have been used at three different times in history as military

[77] A further account of the work at Jouilly, Seine-et-Marne, appears in Chapter VIII.

[78] "Military History of the American Red Cross in France," p. 44. Library, National Headquarters.

hospitals. . . . I was put on night duty; influenza patients were coming in very fast from a veterinary camp at Jouilly. I had two tents about one half a block apart. One orderly was on duty in one tent and another in the other tent and all night long in the pouring rain I plowed back and forth through the mud between the two tents.

The men were desperately sick. On the fourth night, the theater of this old college was opened to accommodate the great numbers. There were 63 new patients that night, besides the ones in my two tents and in the theater. I was told that at midnight more nurses would arrive to help me. Four of the doctors stayed on. The men were the sickest I have ever seen. They looked like gassed patients but none of them had ever been near the front and they had only been in France three weeks, taking care of gassed horses. If ever doctors worked with patients, those from Base Hospital No. 57 certainly did, but those boys in spite of all our efforts simply died. One night 13 were carried out of my ward. It was discouraging beyond all words to see those splendid specimens of manhood just pass out without a struggle. They were all big Western fellows; many of them had never had a sick day in their lives before.

The last week in May, 1918, found General Ludendorff in possession of two wedges thrust toward Paris, that in the northeast with its point at Cantigny and Montdidier and that in the southeast with its tip at Château-Thierry. In his fourth great offensive, he sought to smooth these wedges out into a single continuous front. Of the threatened blow which fell in June upon the French and American troops holding the Noyon-Montdidier trenches, Colonel Ayres wrote:

The enemy had by his offensive established two salients threatening Paris. He now sought to convert them into one by a fourth terrific blow delivered on a front of twenty-two miles between Montdidier and Noyon. The reinforced French Army resisted firmly and the attack was halted after an initial advance of about six miles. Throughout this operation (June 1-15) the extreme left line of the salient was defended by our First Division.

During the first week of June, 1918, American Red Cross Military Hospital No. 107 was organized at Jouy-sur-Morin. Of its establishment, Colonel Burlingame wrote:

It will be remembered that in the first week in June, 1918, two American Divisions were in action around Château-Thierry. Action, and quick action, was necessary for hospitalization. Fifty thousand hospital beds had previously been captured from the French in the German drive. It had early become evident that the greatly diminished hospital resources of the French, combined with their own urgent need for beds, would make it impossible for them to carry out the agreement to hospitalize wounded from American divisions loaned to and fighting with the French.

Word concerning the conditions was received from Colonel Paul C. Hutton, Medical Corps, who was representing the Chief Surgeon of the Army east of Montdidier where American troops had been brigaded with the French. A camion train of supplies, together with personnel, was started on the road in the general direction of Montmirail. The Director of the Bureau of Hospital Administration and the Chief Nurse preceded this convoy, getting in touch with Colonel Hutton. Hurried conference between the head of the Medical Service of the French Army and Colonel Hutton resulted in the Red Cross taking over a chateau at Jouy-sur-Morin, which had just been evacuated by the withdrawal of a French formation. Watchers along the road diverted the camion train to the point which was to become American Red Cross hospital No. 107.

Though never designated as an American Red Cross military hospital, No. 107 was operated as such, with personnel furnished jointly by the Army and the Red Cross.

In a letter addressed June 5 to her family, Miss Stimson wrote of the difficulties which the nurses faced in establishing the hospital at Jouy-sur-Morin:

It is no small job to take over a French institution together with part of its force and man it with two teams of officers who have before seen each other and a group of nurses who had never worked together either with each other or with the doctors in command. Most of them speak no French and all of them are nurses specialized in child welfare or tuberculosis or social service work. Fortunately they are all Red Cross nurses, which means that once upon a time before they specialized in welfare work, they had had good general training, so they are instantly transformed back to surgical nurses.

The nurse in charge, Linda K. Meirs, had never seen most of her staff before. She had recently come back from work

in Roumania and had been in Paris only a few days before I sent her to this hospital.

Everything out at Jouy looked so impossible to-day that after much talk we got a good many arrangements about servants, rations, supplies and relation to the French and American officials straightened out and then Dr. Burlingame decided that the sooner we disappeared the sooner would they work out their own salvation, so we returned to Paris. . . .

Miss Meirs' Red Cross service had begun on the Mercy Ship, had extended through assignment to Kief and later to the American Red Cross Commission (1917) for Roumania; it finally brought her the Florence Nightingale Medal. Of her conduct at Jouy-sur-Morin, Miss Stimson wrote Miss Noyes (July 19):

Miss Meirs has done splendid work here at American Red Cross Hospital No. 107. The commanding officer tells me that on the night of the heavy raid (July 15) she could not have been finer. It was a terrible experience. One of the hospital corps men was killed outright; another man had his leg so badly hurt that immediate amputation was necessary. Several other orderlies as well as patients were wounded.

I stayed at the hospital during a raid on the following night. After what they had had the night before, the terror among the patients, particularly those suffering from shell-shock, we shall never forget.

Miss Patterson, formerly chief nurse of the Commission for Roumania and in 1918 assistant to Miss Stimson and Miss Fitzgerald in the Paris headquarters, wrote of Miss Meirs:

. . . Her commanding officer has said that she is the finest nurse he knows and her nurses, her aides and every person connected with the place have been unstinted in their praise. Her corpsmen call her "Colonel" and would do anything for her. In short, her wonderful spirit has dominated always—her absolute unselfishness and keenness to serve at any place or anybody who needs help. It is not such tremendous executive ability which she has, but she is so tremendously sincere and energetic that every person about her works with the same spirit as far as it is in him. . . .

At Jouy-sur-Morin, on the night of July 15, Jane Jeffery, an American Red Cross nurse transferred from the Children's

Bureau, was severely wounded. A French dispatch contained the following comment:

> Located in a quiet, remote spot three kilometers from the railroad, the hospital at Jouy-sur-Morin not only bears the distinctive marks of the sanitary service, but on a nearby grass plot there has been spread a huge cross made of white towels, its arms measuring thirty meters. Shortly after the inauguration of the hospital, one of the Allied planes flew over the spot taking photographs to show that the cross was plainly visible from a height of many thousand meters.
>
> During the night of July 15, two German aviators flew above the American hospital; volplaning, they descended to within a few hundred meters of the buildings and dropped four bombs. It was midnight.
>
> In the operating-room, the surgeons were at work. At the moment when the first bomb struck, Major McCoy held in his forceps the femoral artery of the patient on the table. The lights went out, two more bombs fell, the third failing to explode. In one room, an orderly was killed as he was giving a drink of water to a patient. Nine were wounded, . . . one of whom was an American Red Cross nurse.
>
> We remember that recently sixty German prisoners were treated in this hospital at Jouy-sur-Morin, where they received from perhaps the very nurse whom they have wounded the same care and attention which she was giving our soldiers.[79]

Miss Stimson wrote Miss Noyes on July 19:

> Miss Jeffery was on night duty attending her patients when a fragment of shell struck her. She showed great spirit and was only concerned because she felt she was causing more trouble to the already overworked staff of doctors and nurses. When I told her the next day we were going to bring her into a hospital here in Paris, she was greatly disappointed. She had hoped to be able to go on duty again in a few days.

On July 31 the Paris Bureau of Nursing rushed twelve new arrivals up to Jouy-sur-Morin to reënforce Miss Meirs' staff. Among these nurses was Edith Ambrose, a nurse especially trained in psychiatric work. Of her experiences, she wrote:

[79] Translated by the American Red Cross Department of Publicity, from *Tablettes des Deux-Charente*, July 23, 1918.

Upon our arrival at 10:30 P.M. three of us went immediately on night duty. Just as we were about to go to our tent assignments, Fritz was announced by a siren. We happened to be in the corridor of the château which is headquarters for the staff and operating-rooms for the hospital. Fritz's calling cards roared as they struck and bang! bang! bang! came our welcoming response. Our exchange of amenities lasted for perhaps half an hour. When it was over, I tried to analyze my sensations, chiefly disappointment at not being outside to see what was going on and certainly amusement at our different attitudes. A timid voice whispered out of the darkness that she "wouldn't be so afraid if someone would only hold her hand!" Every one must have grabbed for it, for I found both of mine firmly held until after the last gun was fired.

They led us out in the darkness to the tents where each of us were given a candle and explicit instructions to shield it carefully. The tents had no floors, but by morning we had every bed full. In an evacuation hospital like this we did as much as we could to make the boys comfortable for a few hours before they go on to the base. Morphine of necessity became the standing order. We tried to give them a bath, something hot to eat and fresh dressings.

In my tent was a lad from North Carolina with both lungs pierced. As he was hemorrhaging quite frequently, we moved his bed outside to give him all the air possible. He said to me: "Would you tell me a fib if I asked you if I was going to die?" I answered, "Well, you are a good enough soldier to know what a fighting chance means and you mustn't think for a minute you're going to lose." He groped for my hand in fear that I should leave him alone to face the weakness coming over him. Presently, I asked him if he would like me to write to his mother. "No," he said, "she's so scared now she'd die to see a strange handwriting." After a little while he said again, "You all are certainly next to having her here herself."

A hospital which had previously been maintained in part by private American philanthropists and in part by subsidies from the American Red Cross, was taken over entirely by the commission in July, 1918, expanded and operated as an American Red Cross hospital; this formation was Dr. Fitch's Hospital at Evreux, *l'Hôpital Complimentaire No. 2*, which the French *Service de Santé* had turned over to him on September 4, 1917, after he and Miss Nelson and other nurses of the

original Yvetot Unit had been transferred from St. Valery-en-Caux. Dr. Fitch's hospital at Évreux was given on July 21, 1918, the designation of American Red Cross Hospital No. 109, was greatly enlarged and was run by the commission until after the Armistice. The nursing staff was reënforced from time to time by additional nurses from Paris headquarters. Leila Halverson, an American Red Cross nurse transferred from the Children's Bureau to Dr. Fitch's hospital, wrote:

> About May 1, the hospital had a capacity of 300, but soon four fifty-bed barracks were built and afterwards ten tents, containing from ten to fifty beds each, were put up. Most of the wounded were French, but we also had Americans, English, Colonials and Boche prisoners. . . .
>
> The work done in this hospital was almost entirely orthopedic, with a great deal of bone plating and bone grafting. We were terribly rushed at times and were very short of nurses and aides. After the arrival of one American convoy, the surgical staff worked steadily for 42 hours, stopping only long enough to eat the meals that were served in the sterilizing room, then slept for four hours, then operated again for 20 hours. . . .

From September 4, 1917, the date on which Dr. Fitch and Miss Nelson first took over *l'Hôpital Complimentaire No. 2* at Évreux until January 1, 1919, 2194 patients had received care there from American Red Cross surgeons and nurses.

Early in June, 1918, the use of gas by the Germans was increased to a considerable extent; this increase brought about the need for a hospital in Paris which could be used exclusively for the treatment of gassed patients. The Red Cross Commission for France accordingly leased the *Pavillon Bellevue,* at beautiful St. Cloud, near Paris, and on June 18, 1918, opened a hospital of 600 beds, which was designated as American Red Cross Military Hospital No. 6. This institution was originally intended as a center where both French and American physicians might study gassed cases, but the acute military need for beds for Americans wounded in the German offensives of June and July, 1918, and the subsequent Allied offensives resulted in the use of the Bellevue Hospital solely by the American Expeditionary Forces.

American Red Cross Military Hospital No. 6 was staffed

wholly by forty American Red Cross nurses and twelve nurses' aides, who had been recalled from hospitals of the Children's and Tuberculosis Bureaus and reassigned to help meet the military needs. Lily B. Crighton (Illinois Training School for Nurses) was chief nurse of this hospital. She wrote:

> On July 10, I was assigned to a new gas hospital which the Red Cross started at Bellevue, St. Cloud. It was a very beautiful place and commanded a bird's-eye view of Paris. . . .
>
> Our hospital was supposed to be of 500 bed capacity but during the rush, we had well over 600 patients. The Red Cross sent us generously supplies of all kinds, so we could put cots in the halls on short notice. . . . We were also equipped with an electric blower and "amberine" sprays. . . . The men would come in with hideous blisters extending from their shoulders down. The nurses would clip away all this blistered skin, clean the then raw surface with antiseptic solution, dry it with the electric blower and spray on the "amberine." Burns treated in this manner healed in an incredibly short time. . . .

Colonel Burlingame stated that American Red Cross Military Hospital No. 6 during the six months ending December 31, 1918, maintained 61,360 hospital days and admitted 3052 patients.

Paris was the receiving base for American soldiers wounded in the German offensives, but, as has been stated before, the sanitary units of the U. S. Medical Department were not then admitted to the French Army Zone, of which Paris was the center. Thus all American Red Cross hospitals in and near the city were crowded to capacity during the summer of 1918.

The American Ambulance which was greatly enlarged and two smaller special hospitals which had been established in connection with it, were utilized for the wounded. Early in 1918, a need had arisen for hospitalization facilities to care for sick personnel of the American Red Cross and of other American welfare organizations then operating in Europe and of women employees of the American Armies in and about Paris. The Commission for France took over, reëquipped and maintained a small private hospital at Neuilly which they designated American Red Cross Hospital No. 101. Later a separate hospital, also at Neuilly, was secured and operated by the

American Red Cross for auxiliary personnel of the American Expeditionary Forces. It was designated as American Red Cross Hospital No. 103. When, in June, 1918, the military situation became acute and the Germans seized Soissons, with the subsequent loss of French hospitalization, the beds of American Red Cross Hospitals Nos. 101 and 103 were used to care for overflow patients from the Ambulance, Military Hospital No. 1. Thus during the six months ending December 30, 1918, Red Cross Military Hospital No. 1, with its allied hospitals Nos. 101 and 103, admitted 7437 patients and maintained 175,873 hospital days; 5553 operations were performed during this period.

Red Cross Military Hospital No. 2 admitted during the period from July 1, 1918, to December 31, 1918, 2283 patients, performed 1294 operations, and maintained 64,478 hospital days.

American Red Cross Military Hospital No. 3 during the last six months of 1918, admitted 1524 patients, of whom 27 died. The hospital maintained during this period 31,491 hospital days.

The operation of this emergency hospital service in the zone of the base in such places as Paris and Évreux, and in forward areas such as Beauvais, Jouilly-Seine-et-Marne and Jouy-sur-Morin called for extensive Red Cross organization to furnish personnel and supplies to the units. To meet the calls which they had reason to expect would continue throughout the summer as the Allied offensive was developed, the Red Cross Commission for Europe had built up by June, 1918, an organization similar to that existing in the United States. In January, Major Murphy had resigned from the American Red Cross War Council to undertake service in the American Army and on February 5, Major Perkins was appointed commissioner for Europe. Harvey D. Gibson, formerly general manager at National Headquarters and later a member of the War Council, succeeded Major Perkins as commissioner for France. Commissioner Gibson divided France into nine zones, with headquarters at Paris, Bordeaux, Brest, St. Nazaire, Havre, Marseilles, Lyons, Tours and Neufchâteau. The Paris office acted in relation to these zones in much the same way as did National Headquarters in Washington to its divisions. The twenty activities of the commission were administered by seven departments:

I. Department of Requirements, which dealt with supplies, transportation, manufactures, personnel, permits and passes, construction.

II. Medical and Surgical Department, which dealt with hospital administration, nursing, tuberculosis and public health, the Children's Bureau, reconstruction and re-education.

III. Medical Research and Intelligence Department, which dealt with research, medical information, the library bureau and publications.

IV. Department of Army and Navy Service, which dealt with canteen, home and hospital, outpost and Army field service.

V. Department of French Hospitals, which dealt with requisitions from and supplies for French hospitals, the bureau of visiting.

VI. Department of General Relief, which dealt with refugees, soldiers' families, war orphans, agriculture.

VII. Department of Public Information, which dealt with news service, photographs and motion pictures descriptive of Red Cross activities overseas.

During the summer of 1918, the Nurses' Bureau established and maintained numerous homes in and near Paris and at other hospital centers where Army and Red Cross nurses who were being held on temporary assignment in these centers, who were on leave or who were convalescent from sickness incurred in line of duty, were entertained. Of these homes, Carrie M. Hall, who in November, 1918, followed Miss Stimson as chief nurse of the American Red Cross in France, wrote:

> The convalescent home at Le Croisic, which was opened in July, 1918, offered accommodations for 100 nurses on convalescence or on leave. Le Croisic is an attractive little fishing village on the Brittany coast and the convalescent home overlooked the ocean on a stretch of sandy beach. It made an ideal resting-place for nurses and workers worn with the strain. The rates of ten francs a day were most reasonable. The good food, the fresh bracing air, the fine bathing and the picturesque Breton peasant life combined to make Le Croisic a most desirable resort. The place was closed in November, 1918, and steps were immediately taken to find a suitable substitute in the south of France. A location at Cap d'Antibes, near Cannes, on the French Riviera, was secured and on January 6, 1919, the hotel was taken over,

> Plans were made to receive 200 convalescent women personnel of the Red Cross and five nurses were sent to assist the nurse in charge, Mrs. Katherine Hough. The Convalescent Bureau provided all information and secured transportation and reservations. The personnel who were sent down on convalescent leave by advice of a doctor, were kept there free of all expense. The personnel on leave were charged reasonable rates, which they could not have obtained at any other hotel in this very fashionable neighborhood.

Miss Morgan took a vivid interest in the establishment of the convalescent home at Le Croisic and did much to secure the funds necessary for maintaining it and the other nurses' homes in and near Paris. A list of these nurses' homes may be found in the Appendix.

The later weeks of June were comparatively quiet while General Ludendorff massed his forces for what proved to be his last offensive. Colonel Ayres wrote:

> On July 15, the enemy attacked simultaneously on both sides of Rheims, the eastern corner of the salient he had created in the Aisne Drive (May 27). To the east of the city, he crossed the Marne but made slight progress. His path was everywhere blocked. In this battle, eighty-five thousand American troops were engaged, the Forty-second Division to the extreme east of Champagne, and the Third and Twenty-eighth to the west, near Château-Thierry.
>
> The turning-point of the war had come. The great German offensive had been stopped. The initiative now passed from Ludendorff to Marshal Foch and a series of Allied offensives began, destined to roll back the German armies beyond the French frontier. The moment chosen by Marshal Foch for launching the first counter-offensive was July 18, when it was clear that the German Champagne-Marne drive had spent its force. The place chosen was the uncovered west flank of the German salient from the Aisne to the Marne. The First, Second, Third, Fourth, Twenty-sixth, Twenty-eighth, Thirty-second and Forty-second American divisions, together with selected French troops, were employed.

At the initiation of the counter-offensive of July 18, the Medical Corps had received permission from the French to bring up their own evacuation hospitals, so that the Red Cross hospitals subsequently developed acted in a supplementary capacity to Army formations. A small unit at Chantilly was,

however, an exception and was described by Colonel Burlingame as follows:

> Just before the great counter-offensive on July 15 the American First and Second divisions were withdrawn from the Beauvais sector. It was generally believed that their destination was to be Meaux, where they were to have a much-needed period of rest. Less than twenty-four hours before the actual attack began on the morning of July 18, it was learned that the destination of these divisions had been abruptly changed and they were being swung toward the line south of Soissons.
>
> On the line of evacuation from this sector existed no American hospitalization. It so happened that the Ambulance St. Paul, then being operated in coöperation with the Red Cross, was then located at Chantilly on this very line. With but twenty-four hours, the Ambulance St. Paul was selected as the meeting place and an emergency formation created to function as an annex to this little one hundred and fifty bed French unit. Eight surgeons, sixteen nurses and twelve enlisted men were detached from American Red Cross Hospital No. 104 at Beauvais and directed to proceed to Chantilly, where they were met by additional Red Cross personnel from Paris. Tents, operating equipment and all things necessary for a three hundred bed evacuation hospital were rushed from Beauvais and Paris to meet at Chantilly.

The nursing staff at Chantilly was made up of fifteen nurses who were withdrawn from American Red Cross Hospital No. 104 at Beauvais and twenty Army nurses who were sent up from Paris.

Mary A. Burgess, formerly in service with the Red Cross Children's Bureau, was chief nurse. One of the nurses withdrawn from Beauvais, Elizabeth E. Cherry, wrote:

> On July 18, Major Moorehead heard from Paris Headquarters that nurses and supplies were needed at Chantilly, that many French and American wounded were expected there at any time. In less than twelve hours, he had split our personnel, leaving a part in Beauvais. With the remainder of the personnel and with what supplies could be spared, we started for Chantilly. The Red Cross was also sending us more nurses and supplies from Paris.
>
> When we arrived, we found that the tents had already been put up. Mlle. St. Paul [founder of the Ambulance St.

> Paul] had managed to save them in the retreat from Soissons. . . .

This unit remained at Chantilly for thirteen weeks and during this time received 1364 patients, many of them wounded men from the United States Marine Corps. The unit cared also for French wounded.

One of the largest of the Red Cross evacuation hospitals to be established for care of the wounded of the American Expeditionary Forces was set up early in August at Coincy, north of Château-Thierry in the Vesle sector. Colonel Burlingame wrote:

> When the Americans were near Fere-en-Tardenois and Fismes, urgent need existed for an evacuation hospital. American Red Cross representatives went over the devastated area, found a pump capable of furnishing the water supply, ordered materials from five different points to be assembled at this pump, with a piece of charcoal designated it "American Red Cross Hospital No. 110" and stationed a man to guard it. Within three days materials were on the spot and within a week patients were being received.

Of special interest was the method in which the supplies of this emergency evacuation hospital were assembled at Coincy. Colonel Burlingame stated:

> A part of this equipment was taken from the American Red Cross hospital at Beauvais, a part from the American Red Cross formation at Chantilly, a part from the American Red Cross hospital at Jouy-sur-Morin, with other articles from Paris warehouses. At one time, these materials met at Coincy and became American Red Cross Hospital No. 110, a permanent and complete mobile unit.

An extract from the report of the commanding officer, Lieutenant-Colonel John J. Moorehead, gave a vivid picture of this evacuation center:

> The location was chosen primarily because of the water, because the road passing our doors was the main artery to the not distant front and because a railroad soon to be repaired was not far from us. The farm buildings used for offices and store-rooms were wrecks, the ground on which we pitched our tents was full of shell holes, discarded ammunition and

other accoutrements of war. Great piles of refuse and débris made it a breeding place for myriads of flies. Not far away, enemy dead lay unburied. The only pleasing outlook was the view from the hill-top, a wide sweep ending in a range of hills beyond which the sounds of war told us that the line was not far distant, told us also that in this sector there was need of a hospital.

To this forbidding site we brought from Chantilly nine surgeons and twenty-nine nurses. Soon we were provided with an ambulance company with one hundred and ten enlisted men and the actual preparation for our new home began.

After the American troops moved out of this sector, the Chief Surgeon, American Expeditionary Forces, ordered No. 110 to Villers-Daucourt for the Argonne offensive. During the four months ending November 30, 1918, this hospital admitted 17,446 patients and maintained 23,179 hospital days.

Another emergency evacuation hospital was American Red Cross Hospital No. 111, of which Lieutenant-Colonel J. C. McCoy was commanding officer. Colonel Burlingame wrote of its establishment:

> At the request of the Army, American Red Cross Hospital No. 111 was established in the *Hôtel Dieu* at Château-Thierry in August, 1918. The building was for the most part still intact, though at first German, then French and lastly American shells had somewhat pounded it to pieces. For a few days it had been the home of a medical formation of the United States Army division which had withdrawn. As the hospital at Jouy-sur-Morin was no longer active, practically all the personnel from that formation was moved to this new hospital. It was maintained after American troops had left that area, serving as insurance against a possible return to that sector. During the four months ending November 30, 1918, it admitted 2695 patients and maintained 8484 hospital days.

The following report regarding the emergency assignment of Red Cross nurses to hospitals caring for wounded of the American Expeditionary Forces during the military crisis of May, June and July, 1918, was submitted by Miss Stimson:

> All the following requests were met within forty-eight hours and in many cases within twenty-eight hours.

Beauvais: Since April 12, 59 nurses and aides have been sent to Beauvais and the vicinity. The first groups were assigned under the Red Cross representative to French hospitals where there were American men. On May 29, seven of these were assigned to the hospital which had just been put under the care of the American Red Cross and on May 30 twenty more were sent to relieve the urgent condition in that hospital. All the nurses and aides in this area can be moved about from hospital to hospital as the need for their services varies from day to day.

Jouy-sur-Morin: On June 4, twelve nurses and aides were sent up to get this hospital ready for patients who were received within three days after the nurses' arrival. On June 18, eight more were sent up to help in the hospital, which is now running as an active evacuation hospital of 300 beds.

Auteuil: To American Red Cross Military Hospital No. 5, 40 nurses and aides have been assigned to take care of patients who have varied in number from 100 to 712. The first patients arrived on May 31. The Army nurses who were asked for did not arrive until June 14.

Service de Santé: Beginning May 25, 21 teams of one nurse and one aide have been sent out at the request of the *Service de Santé,* which has given us not more than twenty-four hours' notice at any time.

A. R. C. Hospital, 44 Rue Chauveau, Neuilly, asked for temporary aid to assist in the care of American soldiers beginning May 30. Five nurses have been sent for varying periods of time.

A. R. C. Military Hospital No. 2: Five nurses have been sent here.

Évreux: Major Fitch asked for help and on April 27 ten nurses and aides were sent there.

Ris Orangis: A nurse and an aide were sent in response to an emergency call.

Etc., Etc. . . .

In a report written by Miss Hall, later chief nurse of the American Red Cross in France, appeared the following comment regarding the work of Miss Eldon:

> During the Château-Thierry, the St. Mihiel and the drive north of Verdun, all feverish times at Paris Headquarters, the Nursing Bureau owed much of its stability, its apparent facility in answering urgent calls for help and its good judg-

ment in selecting nurses and aides to the assistant to the Chief Nurse [Miss Eldon]. . . . It was no unusual thing to find her at her desk in the morning with a blank list of waiting nurses and aides in one hand and a request for perhaps twenty or thirty for immediate assignment in the other. This meant the necessity of checking up every hospital in the neighborhood and asking for the release of as many nurses as it was possible to get, and before evening the necessary number would generally be produced. . . .[80]

Of the intense strain under which the American Expeditionary Forces and the American Red Cross were then laboring, Major Fosburgh wrote Mr. Davison:

> The work referred to was done at the most critical period of the war, when Paris, it would seem, was almost in the grasp of the enemy and when everyone was working under the greatest pressure, both physically and mentally. For periods as long as three weeks our offices were closed neither day nor night. Divisional representatives, messengers from division surgeons, headquarters medical consultants of the Army were coming in at all times to beg additional help or report progress. During one night between the hours of midnight and eight A. M. over fifty requisitions were received and the goods sent out.
>
> To Dr. Burlingame (U. S. A. Medical Corps) is due a major portion of the credit for what was done. His assistant, Miss Preston, by her unquenchable good spirit and enthusiasm, kept the whole organization going. Captain A. A. Rice, supply officer, unknown probably outside the department, worked without thought of food or sleep. Miss Stimson, Chief Nurse, who used and re-used, shifted and changed our small personnel in such a way as to meet every real emergency, made possible the establishment and operation of all these hospitals. Drs. Moorehead, Tarnowsky and McCoy, in charge of individual emergency hospitals, equipped and operated efficient hospitals with probably more limited material and in a shorter space of time than had perhaps been done in this war. Dr. McCoy, during the bombing of his hospital at Jouy-sur-Morin, standing above a serious abdominal operation calmly holding with forceps a severed artery until candles could be brought by which to complete the operation, is no more striking than numerous other instances of this kind, performed by our personnel during this past great summer.

[80] "Report of the Nursing Bureau": Carrie M. Hall: Red Cross Archives.

The difficulties under which the entire Paris headquarters' staff were laboring were indeed very great. Forty desks extended down a large central office space and at each desk, the harried officials of each service administered their particular duties among the pandemonium of typewriters, dictation, local and long distance telephone calls and always outside the intermittent roar of Big Bertha as the shells exploded. There was no time for protracted conferences. "It was as if each of us was working in an isolated tank," Miss Stimson once said. "In the interior of our particular tank, we were cut off from the other tanks and we were working under tremendous individual pressure and strain, yet we were all forging ahead in the same general attack and toward the same general goal."

Of this mobile nursing service operating for the American Expeditionary Forces from the Paris headquarters of the American Red Cross, Miss Stimson first wrote Miss Noyes, June 12:

> I wish it were possible for you to be here even for one day to get a glimpse of how we are trying to meet the calls for nurses constantly coming to us. These demands come for nurses to care for American soldiers not only here in Paris, where the already established hospitals are overflowing and to whom we are sending every possible kind of nurse or aide we can secure, but also to the new hospitals the Red Cross is opening in order to relieve this urgent military situation. High Army officials come here every day to confer with the Commissioner about new ways in which the Red Cross can assist the Army. These requests in almost every instance imply the help of nurses who can easily be moved from place to place and can be brought up to meet emergencies behind the lines more quickly than Army nurses can be moved.

Later in the summer, the moving of any personnel other than that of the American Army become so difficult and took so long to accomplish, that this situation was almost entirely reversed. Army nurses could then be moved more readily and with less delay than Red Cross nurses, so many nurses who had been serving before under the Commission for France, were enrolled as reserves of the Army Nurse Corps, but continued to serve in American Red Cross sanitary units.

Late in July, the American Red Cross Commission for France submitted the following estimate of personnel needed by the Nursing Bureau between August and January, 1919:

Nurses and nurses' aides are used for two purposes: First, they are the only nursing personnel available to take charge of Red Cross emergency hospitals until they become the responsibility of the Army; also they are placed in French hospitals under the *Service de Santé* in order that our soldiers in those hospitals may have the care of some one who can speak their language. Second, they are used in connection with the emergency work being done for the civilian population of France, particularly the children and the tuberculous.

Up to the present time there have been about four hundred and seventy nurses and nurses' aides brought to France. They constitute an emergency force that can be moved from place to place as the need exists. In order to carry out our program of being able to assist the Military Establishment in whatever emergency may arise and in order to discharge the responsibility which we have assumed toward the civilian population of France, it will be necessary to import up to January 1, 1919, the following personnel: Nurses, 250; nurses' aides, 300.

Dietitians are used for organizing diet plans in American Red Cross hospitals, for assistance to American Expeditionary Forces' hospitals and for general use as mess officers. The Red Cross assigns them to such work and pays their salaries. They are also used to teach and work with the French civilian population and in French military hospitals. At the present time, notwithstanding the great use that could be made of the services of dietitians, only two have been brought from America and there is no supply of them to be secured in France.

On July 31 Miss Stimson wrote Miss Noyes:

The Red Cross is constantly being asked to take new hospitals for the Army. Into some of these, Army nurses are sent at once; in a good many instances, however, we have to take care of the emergency before the Army nurses arrive. Some of these nurses assigned by the Red Cross are often left on the staff with the Army nurses. You will be interested to know that the Chief Surgeon, American Expeditionary Forces, has assigned fifty Army nurses to the Red Cross because of this very need for moving nurses quickly in just such emergencies. When Army nurses are assigned to the Red Cross, it is possible for me to move them within a couple of hours. We could use three times as many more, if the Army could spare them. The Chief Surgeon and his assist-

ants are continually in our office and in the past two or three months they and the Red Cross officials have worked together as though they were one organization.

The last Red Cross hospital to be organized for American troops in action at the front was American Red Cross Hospital No. 114, which was established at Luxembourg, Toul, in the *Asile Caserne,* a former hospital and orphanage which had been maintained since December, 1917, by the American Red Cross Children's Bureau for French refugee children. The buildings consisted of typical French wooden military barracks. The children were evacuated in August to Neufchâteau, Nancy and Lyons, the hospital was enlarged from ninety beds for children to fifteen hundred beds for American wounded expected from the St. Mihiel drive. Martha S. Clark, an American Red Cross nurse sent up from Paris to help reëquip the *Asile Caserne* as a military hospital, wrote:

> . . . On September 11, a Red Cross mobile unit of about 100 doctors and 45 nurses, with Major McCoy as commanding officer and Linda Meirs as chief nurse, arrived and we began to set up the wards for patients from St. Mihiel. That day we made twelve hundred beds and almost within twenty-four hours they were filled; a few days later we had 1800. As this was an evacuation hospital, we only kept them for a few hours' rest after re-dressing their wounds. . . .

Henrietta R. Reed, another Red Cross nurse on duty at the *Asile Caserne,* wrote:

> On the night of September 12, our first wounded arrived. By dawn about 1000 men had come in and Major McCoy's unit had twelve operating-tables running at full speed. . . . My first assignment was to a ward containing 63 wounded Boches, both officers and privates. They were covered with filth from head to feet and almost all of them were badly wounded. They were all undressed, bathed, given new pajamas and put to bed between the clean Red Cross sheets and new blankets. They stayed with us five days. . . .
>
> The hospital consisted of sections which were lettered from A to K. Each section was made up of seven wards containing twenty men each. There were four private rooms to each section; men who were dying or who could not live for 48 hours were placed in these rooms, thus sparing the other wounded the sight of a dying comrade and giving to the unfortunate man himself quiet and privacy to the end.



Original in Red Cross Museum

A Poster by Robert Reid, planned by the American Red Cross to stimulate the enrollment of nurses for military service but withheld from distribution at the request of the War Department.

American Red Cross Evacuation Hospital No. 114 was in operation at the *Asile Caserne de Luxembourg* from September 12 to September 23. The American troops then advanced north of Verdun, so Major McCoy's unit was ordered to follow them as far as Fleury-sur-Aire. United States Army Base Hospital No. 82, which had recently arrived from the United States with surgeons and corpsmen but without nurses, was ordered to duty at the *Asile Caserne de Luxembourg* and the original child welfare nurses, "casuals" who had been sent up from Paris and several of Miss Meirs' original unit remained there to constitute the nursing staff. Colonel Burnham was commanding officer of Base Hospital No. 82 and Sarah M. Morgart (Conemaugh Valley Memorial Hospital, Johnstown, Pa.) was appointed as chief nurse; she had formerly been Miss Meirs' assistant. Henrietta Reed, who had remained at the *Asile Caserne,* wrote:

> On September 23, Base Hospital No. 82, with Colonel Burnham in command, arrived and the following day the ambulances began rolling in again, this time with 500 gassed and "flu" cases from the Fourth, the Seventh, the Ninety-first and other divisions. At one time I had charge of 176 men with mumps, pneumonia and influenza. . . .

Gladys H. Porter, a public health nurse who had been at the *Asile Caserne* since its establishment in December, 1917, and who remained there through its metamorphosis as Evacuation Hospital No. 114 and finally as U. S. Army Base Hospital No. 82, wrote:

> After Major McCoy's unit had moved up to Fleury, we suddenly found ourselves being entirely reëquipped by the American Red Cross and converted into a base hospital of 2000 beds. Medical and surgical cases came so quickly that we had to resort to cots in the corridors and finally tents on the grounds. Our surgical wards had so many frames and so much fracture apparatus that the boys called them Barnum and Bailey circus rings, or "trolley-cars" and urged all visitors to take stock in the new corporation.

In the meantime, Major McCoy's unit had gone on to Fleury-sur-Aire. Bessie A. Copelin, one of the nurses, described the trip up:

> We traveled in 35 ambulances, each one running twenty minutes apart. No one was allowed to stick her head out, as we were in constant danger of being bombed or shelled.
>
> On our arrival at Fleury, we found that our corpsmen, who had gone on two days before, had everything in readiness. On September 25, the wounded began to come in and we evacuated from 1200 to 2000 a day.

At Fleury, Major McCoy's unit was taken over by the Army. Colonel Burlingame wrote:

> This transfer of No. 114 to Fleury was largely a movement of personnel with but a small unit of equipment. Although financed for a time by the Red Cross, they were largely equipped by the Army. On their arrival at Fleury, the formation became known as Evacuation Hospital No. 114 and was eventually taken over entirely by the Medical Corps, with the exception of certain Red Cross nursing personnel, who continued with the formation until the end. To quote from a letter of September 24 from the Red Cross (addressed to the Army): "In view of the fact that the movement of this unit is one of personnel alone, it seems to be a hindrance rather than a help to the Army to operate it as an American Red Cross unit and we therefore propose to turn the personnel of the unit to the United States Army." A few weeks after its designation as American Red Cross Evacuation Hospital No. 114, it disappeared from Red Cross history.

For the thirty-two days of its Red Cross existence, the hospital received 14,771 and evacuated 13,809 patients.

Another hospital, formerly maintained by the Children's Bureau of the Department of Civil Affairs but later transferred to the Department of Military Affairs to serve the American Expeditionary Forces, was the Hospital Violet, at Lyons. It had been established in the spring of 1918 as a contagious hospital for refugee children but when the influenza epidemic broke out among American soldiers in camps near Lyons, the children were evacuated from it and the medical and nursing staff cared entirely for American soldiers taken sick with the influenza. Susanne Hoskins, an American Red Cross child welfare nurse, wrote:

> In October, 1918, I was transferred to the Hospital Violet, which had just been taken over for the care of American boys. My first week there was most unhappy; we lost three

of our finest boys with the flu. It broke one's heart to think of all that these boys had been through at the front,—some of them had seen nine months in the trenches,—and then to have them come back of the lines to rest and die like that. Our first patients were all from La Valbonne, an officers' training camp just outside Lyons. Most of them were sergeants in line for commissions. Later on, we had many "casuals," boys passing through Lyons and getting sick in the hotels and even the railroad stations. Hospital Violet was also used to evacuate the boys from French hospitals. . . . The American Red Cross hospitals seem to give the boys the touch of home they crave.

No incidents illustrate the flexibility of Red Cross organization better than do these transfers of American Red Cross Hospital No. 114 and of the Hospital Violet. Hospital No. 114 was formerly a mobile unit but when need arose, it was established at the *Asile Caserne de Luxembourg* as an evacuation hospital to serve the wounded; Hospital Violet had been a children's hospital, but it too was commandeered for the care of sick American troops. Through the summer of 1918, efficient fulfillment of the needs of the American and Allied Military Establishments became the primary aim of the Paris headquarters, even though this meant in large part a loss of identity of the American Red Cross Nursing Service in France. It has already been shown that nurses who had come over to work primarily with the civilian population were "militarized" as necessity arose. Miss Stimson explained some of the reasons for this transfer:

At the time when the Red Cross nurses in France who came for work with the civilian population were placed in hospitals under military control during the great emergency of the summer of 1918, they were all given an opportunity to become definitely attached to the military service. A number of them were sworn in as reserve nurses, Army Nurse Corps, and were paid by the Army. . . . It is doubtful whether at the time, which was one of great confusion, it was explained to these nurses that if they did not become a part of the Army they would not be entitled to compensation and benefits should they become disabled. At that time such benefits were not generally known, if they had been authorized.

One of the important reasons for urging the so-called "militarization" of Red Cross nurses was the greater ease and speed in moving them from place to place according to the

need, than was made possible through Army orders. It frequently required ten days to secure the necessary papers to move Red Cross nurses not in the Army. Permission to move all non-Army personnel had been obtained through the French, but American Army transfers could be made in a few hours.

This absorption into the Military Establishment of nurses as assigned under the American Red Cross involved an important question of Red Cross policy. Miss Stimson wrote Miss Noyes:

> I am very sorry if in our work in Paris we embarrassed you in any way by allowing Red Cross nurses, i.e., nurses assigned to the Red Cross Commission to France, to join the Reserve Army Nurse Corps. We did not urge them to do so, but we felt that when they wished to we had no right not to allow them. Many of them said they had not had an opportunity to join in the States and were even so misinformed as to think that when they signed up for the Red Cross Nursing Service they were joining the Army Nurse Corps. I did not realize the difference in paper work in preparing the two groups. As a matter of fact, the total number of Red Cross nurses who joined the Reserve Nurse Corps over here did not exceed forty-five. At the present time most of these are being given permanent assignment with various Army formations, as the emergency needs to which the Red Cross devoted their services no longer exist.[81]

Here lay the crux of a situation which caused both Miss Delano and Miss Noyes embarrassment because of the position in which it placed the Red Cross in regard to the group of nurses who served with great loyalty and self-sacrifice in the cantonment hospitals in the United States throughout the war. Miss Noyes answered this point as follows:

> There was no nurse who left this country who did not have a formal communication from me saying that it was definitely understood that she was accepting service under the Red Cross and that transfer to the Army would not be permitted. Some of these nurses stood out against accepting service in the military camps in this country, this being a preliminary preparation for overseas duty with the Army. I should never have assigned some of these women to France at all, except

[81] Miss Stimson to Miss Noyes, December 2, 1918.

that the need for nurses was so great that we could not ignore any source of supply, but we considered them unpatriotic.

If military training in this country for officers and soldiers in the cantonments was a prerequisite for overseas duty in the Army, then no patriotic nurse should have held out against the assignment to a military camp in this country. In their anxiety to get overseas in the shortest possible space of time, they would accept service directly with the Red Cross. It was made plain, however, to these women, not only by me but invariably by Miss Johnson in New York, that this service was not for the Army. I fear the same traits which many of them showed in refusing service in the camps have been the controlling factor in leading you to believe that they were not informed concerning the military service.

There is one thing I cannot quite understand, whether, for instance, Miss Eldon and others need have gone into the Army Nurse Corps when they were to be left in the Paris office, *which was a Red Cross office.* I mention this point, as many of the nurses who are returning to this country are speaking critically of the militarization of the Paris office and resent what they call the elimination of the Red Cross.[82]

The Nursing Service in France has already been compared to a small ship in strange and troublous waters. If lay control in Red Cross administrative matters may be called the Scylla which threatened her on the one quarter, then the absorption of the Nursing Service by the Army, as set forth above, may surely be called the Charybdis! This interesting and vital point of policy, bearing directly on the relationship of the Red Cross to the Army, may thus be summarized: Many persons might hold that by proclamation of the President and by regulations of the War Department, every enrolled Red Cross nurse is a reserve nurse of the Army Nurse Corps, provided she is willing to serve. When such a nurse has been detailed by the Red Cross to a militarized establishment such as the Red Cross Commission for France, operating in the theater of war under an Army chief nurse, it becomes a matter of interpretation of Article 10 of the Revised Treaty of Geneva, July 6, 1906, as to whether she is "assimilated to the personnel charged with the removal, transportation and treatment of the sick and wounded."

Before summarizing Red Cross emergency hospital and nursing service to the American Expeditionary Forces, it is well to include at this point a statement of Miss Stimson's appointment

[82] Miss Noyes to Miss Stimson, December 21, 1918.

as director of the Nursing Service, American Expeditionary Forces. As early as July 31, 1918, her report to Miss Noyes mentioned the over-lapping of her duties as chief nurse, American Red Cross, with those of the Chief Nurse, American Expeditionary Forces:

> During the great activity of our forces, we have placed almost the entire emphasis of our work on the military phases. My own position as an Army chief nurse, directly representing the Chief Surgeon, has had to be greatly developed. Not only are there countless numbers of Army nurses coming to our office for various kinds of assistance, but the Chief Surgeon has asked, since the Red Cross supplies free transportation by automobile, that I inquire into the welfare of Army nurses at the front. It is very easy for me to combine my visits to the two groups of nurses and I have been able to be of considerable assistance to Army nurses in evacuation hospitals and on surgical teams. I am able to see that needful equipment from the Red Cross is supplied quickly and I can also be helpful by acting as a go-between with groups of nurses to their own chief nurses at the bases, or with the Chief Nurse of the American Expeditionary Forces. I am also able to communicate very quickly with these nurses through our ambulances and automobiles which are constantly going between Paris and the front and this, since the mail service is so slow and difficult, is useful.
>
> It is because of the increasing importance of such duties as these that I have cabled to ask if Florence Johnson can be sent over to assist me. It is very necessary that I visit all the base hospitals to explain to the nurses what the Red Cross is doing and what it stands ready to do for them. I feel that I could do no more important piece of work than to explain to the large numbers of Army nurses now in France the details of the work of the Red Cross here. I was utterly ignorant myself until I was appointed to this office and I feel sure that many of the nurses in France are as unknowing as I was. You will remember that Miss Johnson was a class-mate of mine at the New York Hospital and is a very close friend. She would be exactly the person to under-study me and to share some of the tremendous burden and responsibility of the Paris office. I would not ask to have so valuable a person, were it not almost impossible to find her equal here.

When Miss Johnson was approached upon the subject, she decided to remain in New York. National Headquarters cabled to Miss Stimson:

[Cable No. 10,027] Miss Johnson is doing most important work in New York. Enjoys very close and harmonious relations with chief nurses stationed there representing the Surgeon General's office. Has full charge of equipping, interviewing and directing all Army and Red Cross nurses sailing from New York. Looks after their comfort and morale, advises them of their duties and responsibilities and we feel that her removal at this time would result in serious dislocation of the entire service.

This cable recommended other nurses then serving in the Paris office who were, in Miss Delano's opinion, well fitted for this work. Carrie M. Hall, at that time chief nurse of the American Red Cross in Great Britain, was finally transferred to Paris to assist Miss Stimson.

Miss Stimson's duties during August and September brought her in more and more close touch with the nursing service of the American Expeditionary Forces. In her last official letter to Miss Delano, written on November 6, Miss Stimson announced her appointment as Director of Nursing, American Expeditionary Forces:

By this time, you probably know that General Ireland has appointed me director of the Army Nurse Corps. I am not definitely taking up the work, however, until November 15. I do not know how to explain to you how all this development has taken place, for the situation is so absolutely different from what anyone so far away can imagine, or from what any of us have experienced before. General Ireland will be able to explain to you better than anyone else why he thought I could be of more use in this position than I am here. Miss Hall has a very complete understanding of the situation here.

I cannot tell you how strongly we all feel over here that you should come and see just what is happening. At the period of our great emergencies, we had no time for thinking out policies; but now as we face another winter of hard work we are greatly in need of inspiration.

In her report as director of the Nursing Service, A. E. F., Miss Stimson wrote:

On October 22, the Chief Surgeon received a letter dated October 8, from the Acting Surgeon General stating that "authority was received from the Secretary of War, dated

September 5, 1918, for the appointment of one director and two assistant directors of Nursing Service in France and the same in England." Miss Stimson reported to the Chief Surgeon in Tours, November 15, 1918. Miss Bell returned to the United States, December 2, 1918, and became assistant to the Superintendent of the Army Nurse Corps in Washington.

During its first eighteen months in France, the American Red Cross established nine American Red Cross military hospitals in France; these institutions had an estimated bed capacity of 6727. During the same period, the commission also established twelve American Red Cross Hospitals to serve the American and Allied Military Establishments; these institutions had an estimated bed capacity of 4331. Other formations included *L'Hôpital des Alliés,* at the Château d'Annel, near Campeigne; *Ambulance Chirurgical St. Paul,* the temporary formation at Chantilly; the Daly Unit; and the *L'École de Légion d'Honneur* at St. Denis. All these units were assisted by American Red Cross funds, personnel and supplies. A list of all sanitary units organized by the commission to serve the American and Allied Military Establishments may be found in the Appendix.

Colonel Burlingame's report of the work accomplished in twenty-four of the twenty-eight military hospitals operated by the Red Cross for the twenty months ending February 28, 1919, summarized American Red Cross medical and nursing service to the American Expeditionary Forces:

Hospital days	1,154,854
Patients admitted	91,356
Patients died	1,457

Of the 89,539 patients admitted to Red Cross hospitals during the last six months of 1918, 86,787 were from the American Expeditionary Forces.

It should be borne in mind that the Chief Surgeon of the American Expeditionary Forces intended that this coöperative effort of hospitalization between the Red Cross and the other parts of the Medical Corps should be primarily an emergency measure. How well the intent of the Chief Surgeon was carried out appears in the graphic chart attached, which shows a drop of two-thirds of the total days of hospitalization care within one month after the signing of the Armistice.

On November 11, 1918, the American Red Cross Nursing Service in France had 604 of its nurses at work directly under its own auspices in both military and civilian activities of the American Red Cross Commission for Europe. Five hundred and fifty-three American Red Cross aides were also in active service at this time. Of this number, 233 were sent to France from the United States; 320 others were women who had been trained for service as aides with the first fifty base hospitals organized by the Red Cross for the Army. When the Surgeon General debarred them from active service in hospitals of the Military Establishment, they volunteered for Red Cross service overseas as canteen, recreation hut and surgical dressings workers and were sent to France in these capacities. During the military crisis of the summer of 1918, with the attendant acute shortage of nurses, these aides registered with the Bureau of Nursing at the Paris Office and were assigned to duty in French hospitals of the *Service de Santé* and to emergency hospitals of the American Red Cross.

How well the American Red Cross in France served as an emergency arm of the United States Medical Corps may be seen by a brief statistical summary. The total number of battle casualties of the American Expeditionary Forces during the European War was 289,330. Of this number 34,180 were killed in action; 14,729 died of wounds; 230,074 were wounded in varying degrees; 2913 were reported "missing in action"; and 4434 were taken prisoner.[83] During the twenty months ending February 28, 1919, twenty-four of the twenty-eight military hospitals which were operated in France by the American Red Cross cared for 86,787 patients of the American Expeditionary Forces. These men were largely wound cases because the hospitals where they were treated were organized for the specific purpose of caring for American soldiers wounded in the principal German and Allied offensives. Thus the American Red Cross, in addition to organizing and equipping the fifty base hospitals which formed the skeleton of the hospitalization of the Medical Department in France, may also be said to have provided, through this emergency hospital service as developed by the American Red Cross Commission for Europe, hospitalization to more than one third of the American battle casualties of the European War.

[83] "The War with Germany," L. P. Ayres, p. 122.

The greater flexibility of the Red Cross organization as compared to the necessary stability of the Military Establishment, the tremendous resources placed at the immediate and complete disposal of the American Red Cross in France through the generosity of the American public as compared to the governmental routine of Congressional appropriation and expenditure, and the unofficial position which the society occupied in relation to the French Government, permitted the American Red Cross in France to render this signal service to the wounded of the American Expeditionary Forces. Thus the early policy which had been adopted by the American Army and the Commission for France that the American Red Cross in France should serve as an emergency arm of the Medical Corps was developed beyond even the most earnest and enthusiastic hopes entertained by the society for the alleviation of the suffering of sick and wounded American soldiers.

With the exception of the Red Cross evacuation hospitals described in the preceding section, the Medical Corps of the American Expeditionary Forces organized all American sanitary formations operating in the immediate zone of the advance. In these formations, however, many reserve members of the Army Nurse Corps served at the front during the Allied offensive of the summer of 1918. To appreciate as a whole the general type of service of these nurses, a brief summary at this point of the forward operations of the American Expeditionary Forces will throw light upon the fragmentary accounts of their experiences given later by nurses.

Immediately following the failure of the German offensive of March-July, 1918, Marshal Foch launched his first counter-attack on July 18 upon the uncovered west flank of the German salient from the Aisne to the Marne. By this operation, completed August 6, the Allied line ran from Soissons to Rheims along the Vesle. A few days later, the British Armies began their offensive on the Somme salient, which lasted until the date of the Armistice. With these troops were elements of three American divisions. Of the next movement, Colonel Ayres wrote:

> In the meantime, simultaneous assaults were in progress at other points. On August 18, General Mangin began the Oise-Aisne phase of the great Allied offensive. A day later, the British launched the first of a series of attacks in the

Ypres sector, which continued with some interruptions to the time of the Armistice. [With these troops were four American divisions.]

With the organization of the American First Army on August 10 under the personal command of General Pershing, the history of the American Expeditionary Forces entered a new stage. The St. Mihiel (September 12-16) and the Meuse-Argonne (September 26-November 11) offensives were major operations planned and executed by American generals and American troops. . . .

Two comparisons between this operation at St. Mihiel and the Battle of Gettysburg emphasize the magnitude of the action. About five hundred and fifty thousand Americans were engaged at St. Mihiel; the Union forces at Gettysburg numbered approximately one hundred thousand; St. Mihiel set a record for concentration of artillery fire by a four-hour artillery preparation, consuming more than one million rounds of ammunition. In three days at Gettysburg, Union artillery fired thirty-three thousand rounds. The St. Mihiel offensive cost only about seven thousand casualties, less than one-third of the Union losses at Gettysburg. . . .[84]

The Meuse-Argonne campaign saw the collapse of the German Fifth Army. Of this engagement, Colonel Ayres wrote:

"The object of this offensive," said General Pershing in his report of November 20, 1918, "was to draw the best German divisions to our front and to consume them." This sentence expresses better than any long description not only the object but also the outcome of the battle. Every available American division was thrown against the enemy. Every available German division was thrown in to meet them. At the end of forty-seven days of continuous battle, our divisions had consumed the German divisions.

The goal of the American attack was the Sedan Mezières railroad, the main line of supply for the German forces on the major part of the Western Front. If this line were cut, a retirement on the whole front would be forced. This retirement would include, moreover, evacuation of the Briey iron fields, which the Germans had been using to great advantage to supplement their iron supply. The defense of the positions threatened was therefore of such importance as to warrant the most desperate measures for resistance. When the engagement was evidently impending, the commander of the German Fifth Army sent word to his forces, calling on them for

[84] "The War with Germany," pp. 109-110.

> unyielding resistance and pointing out that defeat in this engagement might mean disaster for the Fatherland. . . .
>
> On the first day of American action, the 26th of September, and the next day or two after that the lines were considerably advanced. Then the resistance became more stubborn. Each side threw in more and more of its man power until there were no more reserves. Many German divisions went into action twice and not a few three times, until through loss they were far under strength. All through the month of October the attrition went on. Foot by foot the American troops pushed back the best of the German divisions. On November 1, the last stage of the offensive began. The enemy power began to break. American troops forced their way to the east banks of the Meuse. Toward the north, they made even more rapid progress and in seven days reached the outskirts of Sedan and cut the Sedan Mezières railroad, making the German line untenable.
>
> In the meantime (October 2 to 28) our Second and Thirty-sixth divisions had been sent west to assist the French who were advancing in Champagne, beside our drive in the Argonne. The *liaison* detachment between the two Armies was for a time furnished by the Ninety-second Division.[85]

From Château-Thierry to the Sedan-Mezières railroad, the forward sanitary formations of the Medical Corps, American Expeditionary Forces, followed the advancing American armies. From the Chief Surgeon's office, moved in January, 1918, from Chaumont to Tours, Miss Bell directed the nursing service of the American Expeditionary Forces, assisted until June 13, 1918, by Anna E. Coffey, Army Nurse Corps. Upon this date Miss Coffey was transferred to another station and Nina Shelton was ordered from Base Hospital No. 24 to assist Miss Bell until Miss Stimson's appointment took effect on November 15.

Three types of assignment,—(1) to hospital trains; (2) to evacuation and mobile hospitals; (3) to professional teams—characterized the nursing service of the zone of the advance. The following sections deal separately with these, the most forward positions held by any American women during the European War.

Linking the front with the base were the hospital trains of the U. S. Army Medical Corps. In her definition of this branch of the nursing service of the American Expeditionary Forces, Miss Stimson wrote:

[85] "The War with Germany," p. 111.

Hospital trains, not originally intended for operative or other treatment, are designated for evacuation of the sick and wounded. Each train is a complete unit under the command of a selected medical officer. The regular staff consists of two medical officers, three nurses and thirty-six enlisted men, including a registered pharmacist, a clerk, a mechanic, two cooks, two assistant cooks, two men for each ward car and one man detailed to the staff coach.

Of the assignments of women nurses to this branch of the service, Miss Stimson wrote:

For the most part, these groups of two officers and thirty-six men were organized in the United States as hospital train units. On Trains Nos. 50 and 51 they were formed from casuals of the American Expeditionary Forces. None of these units, prior to the summer of 1918, included women nurses. On July 13, 1918, three nurses were detailed from Base Hospital No. 27 for temporary duty on Hospital Train No. 37 and a trial trip was made by them a few days later. Several officers of the Medical Department were present on this first trip to observe their work and to judge the advisability of having them assigned permanently to this service. Three nurses of Base Hospital No. 47 were sent on August 4 to Train No. 52 and three others to Train No. 61. Base Hospital No. 8 supplied others on August 5 for Trains Nos. 53 and 54, while Base Hospital No. 9 sent forward three to Train No. 55. As new trains came into the service additional nurses were assigned.

Because of the unusual nature of this service, General Instructions issued to the officers of trains are herewith given, although they belong rather in a history of the Army Nurse Corps than in that of its Reserve:

Duties of trained nurse: The senior of the three nurses assigned to the train will act as matron. Nurses will carry out the orders of the medical officers and are to be obeyed next after them.

Quarters: Nurses will have quarters assigned them within the staff coach and they will not use other compartments. No visitors save women will enter their quarters. Only the necessary personal articles will be kept on trains; all heavy baggage will be kept at the nurse's home.

Leave: Nurses are never to be absent without the permission of the commanding officer of the train. They are not

allowed more than two hours away from the train and permission to be absent is never given within the zone of the advance. One trained nurse must always be present with the train, whether it is halted at a station or garaged on a siding. When trains are laid up for prolonged repairs or are otherwise delayed for a considerable period, nurses will not be kept on the train, but will be reported to the senior matron of the section, who will make use of their services temporarily. They will be returned upon the request of the commanding officer of the train.

Helen T. Burrey, reserve nurse, Army Nurse Corps, a graduate of St. Francis Hospital, Pittsburgh, Pa., and a member of the nursing staff of U. S. Army Base Hospital No. 27, was one of the first three nurses to be assigned to hospital trains of the American Expeditionary Forces. She wrote:

Base Hospital 27, located at Angers, France, received the first official order dated July 14, 1918, to supply Army nurses for this service. Until this time, the Medical Corps attached to hospital trains were caring for the wounded. Through Miss Blanche Rulon, chief nurse of Base Hospital 27, Edna Cooper, Grace O'Donnell and I were detailed to Hospital Train 57.

When told that we were to leave the next day to board this train which was then stationed at Port Boulet, France, we were certainly filled with a spirit of adventure. We arrived at Port Boulet July 15, found our train and made ourselves known to the commanding officer, Captain Goodwin, who had knowledge of our coming. He received us very kindly and immediately showed us to our quarters.

We were agreeably surprised at the modern equipment. In our coach there were three compartments which consisted of a dining room and two sleeping rooms and a lavatory (triangular in shape) containing a small wash bowl and commode. The sleeping rooms were made up of a private room consisting of one berth and a wardrobe and a second room which contained a lower berth and an upper berth. Of course, we all wanted the private room, but since it could not be private among three, we resolved to take "turns about" and rotate from upper berth to private room. The rule was one week in the private room and the next week in the lower berth and the third week in the upper berth. As we had five months of this life, we had plenty of time for the private room. The dining room, which was also used as a living







A U. S. Army Hospital Train.

Photos, by Signal Corps, U. S. A.

room, contained a table and two chairs and a side seat fitted to the wall.

Miss Burrey described the accommodations of Hospital Train No. 57:

> The rest of the train consisted of sixteen coaches, including one infectious car which carried eighteen beds; one staff car which carried eight beds; one kitchen and sitting sick officers' car which carried three beds and twenty seats; eight ordinary lying ward cars which carried 288 beds; one pharmacy car; one infectious case sitting car which carried fifty-six seats and fourteen upper berths; one kitchen and mess car with three beds for cooks; one personnel car with thirty beds and one train crew and store car; the total capacity of the train was thus 400 beds.
>
> Each moving hospital was equipped with electric lights, steam heat, electric fans, lavatories and racks for personal belongings and even ash trays for the patients' indulgence. There were eight ordinary ward cars for patients containing thirty-six beds arranged in tiers of three. These could easily be converted into seats to accommodate patients who were able to sit up; they could also be used for stretchers in emergency cases or folded against the sides of the coach when the cars required cleaning.

Miss Burrey wrote of the trial trip of Train No. 57, when for the first time American Army nurses were officially assigned to train service:

> Our first trip was to evacuate patients from different hospitals who were able to be moved to a point of embarkation for the United States. Since we were the first nurses, Colonel Howard Clark, who was then in charge of the train service, made the first trip to these different hospitals; this was also the first trip for transporting badly wounded patients from the hospitals near the front to the hospitals near the point of embarkation.
>
> We started July 17, passed through Tours, Bourges, Nevers, Dijon, Chaumont, Neufchâteau, Contrexéville, Toul and Savenay, stopping at several base hospitals and filling our train with wounded who were to be taken to Base Hospital No. 8 at Savenay. After seeing our work, Colonel Clark congratulated us and recommended that all the trains be supplied with three nurses.
>
> We worked day and night with those patients; the pathetic condition of our boys who were very badly wounded made us

realize that being wounded was hard enough to bear, without the jolts, noise and dirt connected with traveling on a train. These patients were in our care for two nights and three days before they were unloaded at Base Hospital No. 8. I remember two patients who had broken backs and had horrible bed sores. You can picture the special care such a case would require, but our time with each patient was limited and we gave the best attention possible. We also had many patients who had amputations of legs, or arms, and many other wounds that caused much pain and constant attention from doctors and nurses.

One of the chief discomforts which we noticed that the patients met was caused by the tightening of bandages due to the restless position of the patient and by the moving and stopping of the train. This condition was also aggravated by the infected wounds and the patients were constantly calling for relief from the bandages.

Anne P. Hill (née Peck), reserve nurse, who was assigned in August, 1918, from U. S. Army Base Hospital No. 9 to hospital train service, described the routine of taking on patients:

Our first trip was one which we would have chosen,—to Château-Thierry. We arrived about ten o'clock that night, took on four hundred and fifty badly wounded and gassed patients and at midnight started back for Chatelguyon. . . .

Hot soup, coffee, beans and bread were prepared for the patients while they were being assigned to various cars according to their condition. The commanding officer tried to arrange all serious cases in the car adjoining the pharmacy car, for that was most convenient for emergency treatment. Gassed cases were put together, fracture cases together and so on. The officers directed, the corpsmen carried in the stretchers and helped the wounded to their cots, and two nurses assisted in making them comfortable, while the other nurse tagged the beds with diet cards, liquid, light or regular, to make food service easier for the corpsmen and to make sure that a liquid patient did not get a big plate of beans. This nurse's routine was also to prepare a slip, plainly showing the exact location of seriously wounded patients, or those on special treatment and medications; copies of these slips were then given to the other nurses and to the doctors.

Once on our way, the duties were so divided that each nurse had her own responsibilities and sections to keep her eye on. After a few trips we found it the better plan for all to stay

on duty during the entire trip if there were many serious or uncomfortable patients on board; on the trip back to the front, our time was our own and we would then rest, do our laundry, or write and read.

There is much to contrast in the careful movement of these wounded and the mutilated Serbian, Italian and Austrian wounded who were brought down to Vienna and Budapest in jolting ox-carts during the early days of the war.

During the drives which centered in the Château-Thierry sectors, work on all hospital trains of the American Expeditionary Forces was heavy. Miss Burrey wrote:

> During the drive at Château-Thierry a great number of the hospital trains were mobilized at Pantin, a suburb of Paris, for duty into Château-Thierry. From Paris to Château-Thierry was about three hours' ride and Train No. 57 was ordered to make the trip. The train was sent to evacuate patients from Hospital No. 7, a mobile unit. These patients had received First Aid; major operations were cared for. Some had hardly reacted from their anæsthetic and most of them were in a pitiable state. . . .
>
> In the station and surrounding it were litters covered with boys; mud-spattered and torn were the uniforms they wore. They were patiently waiting to be taken, they did not care where, but some place where they could be given proper care. After we received our train load, about 400 patients, one of the things that bothered both patients and nurses most were the countless numbers of flies that infested our train. The odors from the wounds that had no care cannot be described but shall live in the memory of the nurses and orderlies. We made three trips to Château-Thierry. The third one was to a small town outside of Château-Thierry. It was after dark when we got there and we immediately started to load our train with patients that had been gassed. At the height of our work, we had an alarm of the enemy airplanes which meant all lights out and we had to work in the dark getting as many patients under shelter as possible. We loaded our train without keeping count of the patients that could walk. After the train pulled out and we got to a place of safety, the lights were turned on and we found we had patients everywhere, in the berths, on the seats and crowded in the aisle.

Miss Burrey's report contained a brief comparison between the American, British and French hospital trains:

> We also had opportunity to see the hospital trains belonging to the English Government. They were very much like our own as ours also were made in England. The English trains had nurses, whom they addressed as Sisters. . . .
>
> The French hospital train was an ordinary box-car fitted up with litters for patients. To pass from one car to another you had to wait until the train stopped to get out and on to the other car. There were no nurses on the French trains. The French soldiers cared for their wounded while on these trains.

Both the French peasants and the soldiers of the Allied Armies evinced great curiosity regarding the hospital trains. Mrs. Hill wrote:

> The arrival of an American hospital train created as much interest among the French people and the U. S. men encamped nearby as would a circus parade in a small American village. Our train was usually held on a siding with a platform on one side of it, and as we slept later than did the French we were greatly disturbed and embarrassed the first few mornings by being awakened between five and six o'clock by voices exclaiming over the grandeur of the train and by heads coming even inside our compartment windows. A guard was then ordered to promenade the platform until the nurses had awakened, removed curl papers and drawn the shades.

Hospital train service formed one of the most adventurous and interesting branches of war nursing. Miss Burrey wrote:

> To get to a certain base hospital, which was in a mountainous district, the train had to be divided; the engine could not pull the entire train up the mountain. We got no instructions as to the splitting of the train, so it was just luck that all the nurses were not in one part of the train. I found myself on one half of the train, garaged in a railroad yard with about two hundred patients; the other half with two nurses was starting up the hill. While they were gone, an engine was attached by mistake to our train and soon we were rapidly moving away. We traveled about eight hours before we finally found the rest of our train. We were surely happy to see them again, for they happened to have the supply and the kitchen car.

Mrs. Hill wrote:

The middle of August found us traveling through the lovely country of Dijon and Chaumont. At Chaumont, we got unexpected orders to garage at Vaucouleurs, south of Toul, and await further orders. We had passed through Bazoilles, where Base Hospitals Nos. 18 and 116 were stationed. They were picturesquely spread out on the hillsides in barracks and tents on either side of the tracks, most conveniently arranged for the reception of the wounded.

We arrived at night at Vaucouleurs to the humming of aeroplanes and learned that the village had been bombed the night before, wounding many of the peasants. Occasional signal lights went up into the black sky from the German air-dromes over the hill in the distance and occasional barraging made us thrill with the nearness to the activities of war. Our train, however, stayed in this little village for nearly three weeks before receiving orders. . . .

Soon came orders to go to the Argonne and from then on we were very busy making trips from the first evacuation hospitals to the bases. On these trips we saw a great deal of the paraphernalia of war, big guns, tanks, thousands of soldiers going to the front in camouflaged cars. These cars were chalked in every available space with all sorts of jokes.

Some nights, when we were side-tracked near the front or when we were taking on wounded, were full of the sights and sounds of war. The constant roar of the guns and the intermittent whir of the Boche planes as distinguished from the French or American scouting-planes over us filled us with excitable expectancy. When we had time during the day-stops at the front line or evacuation hospitals, we were sometimes allowed to inspect the hospitals. They were all splendidly equipped and systematized, but to step out from a barrack of men, who though badly wounded were so grateful for the care they were receiving and who were trying so hard to be cheerful, to the nearby hillside of hastily made crosses was tragic. Even now when the subject of war is brought up, I do not picture the horrors or suffering or hear the sound of the guns, but see those hazy patches of crosses where Americans were buried and those scattered graves on the open hillsides, marked by a solitary cross showing where a French soldier had fallen.

Hospital trains were often side-tracked to make way for combat troops and supplies. Mrs. Hill wrote:

During our first few trips, we were very impatient because it took three or four times longer to get our wounded

to their destination than through service would take in ordinary times. Some were so badly wounded and were made so extremely uncomfortable by the jogging of the train that we wondered how they lived or endured it, but they did, and with the greatest patience. We soon discovered that this slow service was a part of war, that the trains coming away from the front had to be side-tracked to permit the rushing in of troops and ammunition and supply trains. At no time were there sufficient tracks to take care of the greatly enlarged train service.

Miss Stimson stated tersely the difficulties which the nurses experienced in this precarious branch of the service:

> The most obvious were the constant motion, the restricted space which made it necessary for the nurses to walk long distances to get needed articles, the great irregularity of the hours and the uncertainty of the time of arrival and departure from the station. These trains could not be operated on any fixed schedule or over any regular route. In times of heavy fighting, even hospital trains with wounded must give precedence to men and supplies on their way to the front. It was, therefore, necessary to send the trains by roundabout ways or to hold them on sidings until arrival at their destination was greatly delayed. Extra meals had to be provided and dressings changed. Though the average duration of a trip was about forty hours, it was often necessary to serve Army rations to as many as six hundred patients for from two to four days.

Miss Burrey wrote:

> When the train was empty and we were moving, the scenery and the wonderful views of France thrilled us, but when the train stopped, we were garaged in some railroad yard and we might stay there an hour or maybe two days before our train was ordered to move. You can picture the average train-yard in America; picture it in France in war times!
>
> When we nurses would get off the train to stretch our legs, we were greatly amused at ourselves. We felt like three geese walking along, for we noticed we trailed one another. Did you ever see geese walking one in the lead and the others following? We used to do that till we realized we were not on the train any longer but out in the street, and then we would chuckle to ourselves. Our reason for doing this was that the aisle in the train was so narrow that we had to walk single-file.

That only nurses of high mental and moral caliber were successful in hospital train service is self-evident. Miss Stimson stated the needed qualifications:

> Great professional skill and an ability to meet every kind of emergency were, of course, primary requisites. Exceptional physical endurance and a willingness to abandon, if need be, the usual ideas of a routined, ordered life are also necessary. These requirements are not hard to fill and no difficulties would be encountered in having the most desirable type of nurses on the trains if the work was always heavy. But since there must be times when work is very light and the waits in garage must be long and tiresome, other qualities in trained nurses cannot be overlooked. The restricted area of living quarters and the close association of officers and nurses, the isolation from other groups of workers and from the diversions possible in hospitals also make this duty a severe test of the tact, adaptability and character of all in the service. It is greatly to their credit that there have been so few failures. In those which have occurred, the principal reasons appear to have been due to errors in selecting the individuals for the work and to a lack of harmony and an unwillingness to coöperate with others.

On November 11, 1918, sixty-three nurses were on hospital train duty.

The hospital train service was operated to transport sick and wounded from the evacuation hospitals in the zone of the advance to the base units in the zone of the base. Evacuation hospitals were developed entirely by the United States Army Medical Corps, with the exception of the American Red Cross emergency hospitals already outlined. To each division of combat troops was attached two evacuation columns. Evacuation Hospital No. 1 was located at Sebastopol on the Lorraine Front. At Baccarat, No. 2 occupied a hillside above the village of Nancy. Priscilla J. Hughes, Army Nurse Corps, described the ever changing pageantry of the front:

> From Le Havre we went to Paris and from Paris to Blois, the mobilization center for "casuals." From Blois I was sent in a detachment of nurses to Evacuation Hospital No. 2 at Baccarat in the Lorraine sector. The hospital was partly in a French barracks and partly in tents and huts. The village had been held by the Germans for eighteen days in 1914 and was now partially in ruins.

We were about six kilometers from the line. The Forty-second Division had just left and the Seventy-seventh Division was coming in when we first reached there. When the Thirty-seventh Division relieved them later in July, the Boche certainly kept us on the jump. Sometimes when there was a quiet interval, we would steal to the window to watch the planes flying around, their lights like big stars and the sky ablaze with signals sent up from below and also dropped from the planes. The sky seemed as bright as if the sun was shining and the moon was the biggest and clearest I have ever seen.

All through the night we could hear the men marching to and from the trenches, the rumble of the ammunition and supply wagons and ambulances coming and going, the noise of the motorcycles carrying dispatches. It certainly was wonderful that there were not more collisions. We used to fall asleep listening to the guns and awaken to their voices. The flashes from a barrage lighted up the walls of our dormitory. Our windows and doors were camouflaged. On dark nights, however, all out-doors seemed like the bottom of a deep well.

Miss Hughes described the general type of service:

As we are in a comparatively quiet sector, the patients were not evacuated as they otherwise would have been in twenty-four hours. We had some excellent surgeons and a well equipped operating-room and X-ray apparatus, so the men were given every chance possible. During July, August and September the Boche grew active again. As our patients were fastened up in slings and all kinds of surgical appliances and therefore quite helpless, the night raids were very hard on them and their distress worried the nurses quite as much as did Fritz.

About the first of October the whole "Wild Cat" Division (at least so it seemed) came landing on us. One day we admitted four hundred and the next day about six hundred, all sick, cold, hungry and certainly in need of nursing. They had mumps, measles, pneumonia and meningitis. There were only thirty-two nurses all told on the staff, so ambulances were sent to bring back the twelve that had been sent away on temporary duty. I have had seven and eight boys delirious at the same time, some of them doing "guard duty" and the other poor fellows answering; others were at home talking with "Mother" or "Dad." They were nearly all Southern boys. When one of them would start singing old

darkie chants, you may imagine the effect it had on the whole ward.

Located near a shell torn wood at Écury, Evacuation Hospital No. 4 formed a center for surgical teams and wounded during the German offensive of July, 1918. Helen Pratt, reserve nurse and a member of Base Hospital No. 20, reported a few of the difficulties encountered here:

> The night of July 14 was stifling; with blankets and pillows, the nurses went into the open wheat fields. All the next day, the wounded boys came back to us. That night heavy rain churned the broken soil into mud and a tornadolike wind blew down many of the smaller tents. At such times the veneer of one's disposition rubs off and you see the stark outlines of your own and your coworkers' characters.
>
> The day shifts and the wounded were tortured by flies. Each morning the orderlies broke off large boughs from the neighboring woods and tried to beat them from the tents.

A night and a day at Evacuation Hospital No. 6 was described by Daisy Pirie Beyea, a reserve nurse and a member of Base Hospital No. 24:

> In an open wheat field, with an ammunition dump on one side and the artillery on the other, while the boys were throwing a pontoon bridge across the Marne in front of us, we began to get things in order for the drive beginning in forty-eight hours. Oh, the flies, the dead horses and the dead Germans! At three A. M. the barrage started. Then the word came down the line: "The boys go over the top at five!" A flash of light, the roar of the guns and then the very earth rocking under our feet as we fumbled with our helmets and gas masks. Crash after crash followed all day long until five, when the ambulances began pouring in. The tents were overflowing, but still the ambulances lined the roads. Darkness came, lit every few seconds with an exploding shell. Drivers shouted instructions; trucks rumbled past to the front and above the incidental noises roared the heavy guns.

Mrs. Beyea described the stretchers and their blanketed occupants:

> Now and again you hear, "Easy there, Buddy, I guess that leg is about off." A voice from under my feet called up:

"Got a match, Sister?" A stretcher passed, the lad on it still under ether, screaming: "At 'em, boys!" And always the ambulances coming in, until we had three thousand before the night was over.

Lights were on in the operating tents, nurses and doctors were working faster and faster. The strain grew intense. Suddenly above the din, a peculiar sound struck the air, the sound of a motor, once heard, never forgotten. Then the cry: "Lights out! The Boche!" Pitch blackness, then the explosions outside. A muffled shout from the surgeon across the table: "Someone bring a candle, I've got an artery here!" and then to me: "Nurse, can you hold the patient under?" "Yes, Major." Then a yell, "Everybody flat on your faces, they're right over us!" "Hell," growled the Major, "we haven't got time!" There was a roar above, then "After 'em, boys—it's the pursuit!" Back came the lights and the work went on.

Maude S. Crawford, a reserve nurse and a member of Base Hospital No. 7, wrote of her experiences at another evacuation hospital:

We left Paris at noon for a destination whose name will bring a shudder to the nurses who were there in the awful days of July. We reached Château-Thierry about five o'clock and waited an hour at the station until our officers found the evacuation hospital to which we were assigned. Finally we arrived at a camp of yellow tents, pitched on a recent battle field in "No Man's Land" near what was left of a railroad station. Behind the station lay a town in ruins.

Here we became acquainted with "bully beef," "goldfish," moldy black bread and black coffee. Most people are familiar with the discomforts of ordinary camp life, but try and imagine tents pitched on ground that an army has left, the dead not all buried, shell holes and trenches, mud and rain. Imagine always the sound of artillery, air machines and no sounds or signs of normal life. Our initiation into the advanced zone was made in fly time. It really seemed as if we could stand anything if the flies could be lessened.

Oh, the moon that shone above Château-Thierry those August and September nights! The searchlights that swept across the skies outvied any Aurora Borealis that ever flamed above the horizon. "Jerry" came over every night. Before we could distinguish the burr of his machine, we heard: "All lights out!" We sat in darkness until the bombing ceased. Night in these tents is unlike any other experience.



Photo. by Signal Corps, U. S. A.

U. S. Army Evacuation Hospital No. 6, at Souilly, France. Note the smallness of this type of unit in comparison with Savenay Hospital Center.

The cots were so low that the blankets drabbled in the mud. Down the center of the tent were loose boards. They never seemed so narrow as when the stretcher-bearers carried in their burdens by the light of a smoky lantern. Poor as the accommodations were, the men were always glad to get under shelter and in bed. The devotion of these doughboys to each other was the only beautiful thing that we saw. If they had seen their comrades fall, they wept for them; if they were uncertain as to their fate, they worried and fretted.

How cold it was in September! There were no fires in the damp tents, but there were plenty of blankets for the patients and always hot-water bottles. When the railroad track was put into commission and the first hospital train came in, "Jerry" kept watch for that train and we were always anxious until it got away. Evacuation usually took place at night, quietly, with very little light, the patients lying on the ground on stretchers waiting to be put on board. They would have cocoa and sandwiches from the Red Cross tent, chocolate and cigarettes. The nurses who were able to do so would leave their posts and come down to say good-by and good luck. Very often the train would leave about three in the morning. It was always a comfort to see the three "red eyes" at the end of the train wink and disappear in the darkness. It seemed strange to us that the boys never wanted to go. They were perfectly satisfied to stay where they were, in their first bed, with American women to care for them.

As the troops moved forward, the evacuation hospitals moved forward with them, keeping several miles in their rear. The nurses were sent to a nearby base and when their outfit had been set up again, rejoined it. Weird moments of the trips forward during the night have etched their fantastic outlines upon the memories of many American nurses who waited through the long hours in the rain by a railroad track, watching weary platoons stumble from belated trains, while fresh companies as silently climbed aboard. After combat troops had been moved, the sanitary units went on up through the sodden grayness of dawn to the evacuation hospital with its shambles. Miss Crawford's report continued:

We had something to eat and got into uniform. How unreal that operating-room seemed! The tables were placed as close together as possible down the center. They were never empty, one patient waiting until the surgeon had finished with the other. The wounded man lies silent on the

table. The nurses are too busy to do more than give him a smile or an encouraging pat as they pass by. The anesthetist has a better chance.

I remember a midnight lunch beyond St. Mihiel. The kitchen was situated in the woods, well out of sight. It had been part of a German camp. The night was cold; it was raining and the mud was the best of its kind. There were no lights to show us the up-hill way. When we had pulled our feet through the stickiness and reached the cabin, it looked as if we had reached the lower regions. The oil lanterns tied to the tent stakes cast grotesque shadows. Dark figures flitted about with cups and plates in their hands. Officers and nurses were laughing away the discomfort and the wretched food.

Anna J. Johnson, an American Red Cross nurse who was loaned to the Army by Paris headquarters, wrote:

On October 6, 1918, I reported to Evacuation Hospital No. 9 at Vaubecourt, near Verdun. The chief nurse, Ruth Golden, assigned me to a tent full of desperately sick pneumonia patients. We worked hard for them, but they died sometimes as many as four in less than an hour. . . .

Vaubecourt was a frightful place. It rained every day and was very cold. We lived in wooden barracks; fifty of us nurses were in one of the large rooms which had been divided into apartments eight feet square. Two Army cots and a rough table were in each apartment. There was noise and mud everywhere, but we were glad to get into the barracks after our former quarters in tents. One night our tent had come down in the rain and the whole place had seemed like tents and cots in a sea of yellow clay mud.

We took care of many patients with very little to do with. We got towels and pajamas from the Red Cross. Dr. Clark, the Red Cross representative, established a diet kitchen with Miss Elizabeth Witter in charge. She prepared cereals, custards, toast, jellies and many other dishes for our sickest patients. She did splendid work.

Enough cannot be said in praise of the young women who did the Red Cross canteen work in this frightful place. They worked early and late, night and day, many times in the pouring rain in mud up to their knees. When the hospital trains were loaded, they were always there with hot drinks and blankets for the boys. We all worked hard and there was very little sleep at night: everyone talked or coughed. The whole thing was depressing. . . .

Parc de Prince, near Paris, was the mobile hospital training center of the United States Army Medical Corps. Here each unit was stationed for several weeks before their assignment to the field. Sophie M. Burns, Army Nurse Corps, of Mobile Hospital No. 9, described this period of training:

> Here we had opportunity to familiarize ourselves with the features of an efficient tent hospital. The corridors connecting the ten wards, the complete operating-room, the hot and cold running water, the camion sterilizer and the well equipped laundry all provoked appreciative admiration. The beautiful level grounds of the park afforded admirable space in which three mobile hospitals might practice setting up tent hospitals at one time. The officers found need for all the knowledge of architecture they possessed, for there are many different ways of putting up a hospital. Each way is the best way in some particular emergency. In the meantime we nurses were completing our preparation, making operating-room supplies enough to last at least three days and going through gas mask drill.

Mobile Hospital No. 9 was sent forward into Belgium to serve American divisions participating with the British in the last stages of the Ypres-Lys offensive. Miss Burns described the trip up the line:

> Our train consisted of thirty-one cars, coaches for nurses and officers and box cars for the enlisted men. We were on our way to the front at last and every one of us was thrilled at the prospect. The British, through whose sector we passed, rather dampened our enthusiasm; they were so thoroughly accustomed to this war business and so heartily sick of it. We understood their attitude better later on.
>
> After passing through Étaples and Calais, we reached Dunkirk, where we received new orders to proceed to Staden. On the way up we met some American regiments who shouted at us cheerful, comradely questions: "Going to the front?" "We've just finished the Argonne!" "Anybody from Ohio?" "What town?" "My brother lives there." The next morning we passed through "No Man's Land." I remember that my first impression was not of shell holes or devastated lands, but of American soldiers sitting before deftly propped trench mirrors, shaving with great enjoyment. Many of the boys had gay, flowered Red Cross bags which made bright spots of color on the general drab-hued scene.

Miss Burns' report contained a graphic description of the swiftness with which these mobile units could be set up:

> We pulled in close to a site where the French labor battalion was busily constructing a French evacuation hospital. Before nightfall eight Bessonneau tents were up in the shell-riddled fields and accommodations for two hundred patients were in readiness. We had ample time to prepare for the drive. Two Bessonneau tents together formed the admission tent and pre-operative wards. In the admission tent a nurse, acting as dietitian, served hot coffee to all the incoming patients and prepared special diets. Patients were first carried here on stretchers and their dressings cut down; then they went to the X-ray room and thence to the pre-operative ward of fifty beds where they were bathed and at last to the operating-table. After the operations, the patients were again lifted, still on the same stretchers, and carried to beds in any one of the six wards, which were connected by corridors. A short time later, the operating teams arrived and in three days we were in working order. When the drive came, we evacuated a daily average of a hundred patients.

The speed with which a mobile hospital could strike camp and move back is described by Violetta C. Mercer, reserve nurse, of Base Hospital No. 2, in an account of the evacuation on the evening of July 25, 1918, of Mobile Unit No. 1, American Expeditionary Forces:

> The barrage seemed about as usual until 11:30 P. M. We were watching the fire-works when at midnight the alarm of a gas attack sounded. All nurses were immediately ordered to the dug-outs, while corpsmen began to clear the wards of patients. Down I went accompanied by the other night nurses. With a sigh of relief Major Barclay and Colonel Brewer, standing at the doorway, saw us safely in. They had been counting nurses' noses and ours were the last.
>
> Let me say a word about this place of safety. It was a huge affair, lined with steel, like a great tunnel, supposed to hold a thousand people. We had stayed here about two hours when ambulance after ambulance of wounded began to arrive. They decided to begin operating at once. Those who were ordered upstairs, were glad to go. To wear a tin hat and a respirator during an operation, however, is not the pleasantest thing in the world.
>
> The attack began again about six o'clock that morning and we all went to the dugout again. There the Hun pelted

us for two hours. I shall never forget that scene underground. Stretcher after stretcher was brought in, the poor men in hideous condition. We did our best, which was very little, but two died down there in the close darkness. About eight o'clock an order came for general evacuation. We weren't allowed to go back to our quarters. The corpsmen threw everything we owned in sheets and tied them up and so they traveled. Absolutely nothing was lost. We had breakfast and were packed into lorries, following the evacuation of the patients. We feel now we know the meaning of "an orderly retreat." After us came the rest of the personnel as fast as they could be loaded in the motors.

In the meantime, the equipment of the mobile unit had gone on ahead. Within twenty-four hours they were again ready for their nurses. Miss Mercer continued:

It seemed like heaven to arrive in this nice, clean, open field and see our own tents grouped together in one adorable little hospital and our officers and men so glad to see us and welcome us home. We certainly camped out,—the officers' mess by day was their sleeping quarters by night and we all mess together. That very afternoon we received patients and did so all night until our place was full, but everything went like a breeze, the patients got immediate operation and good care, rest and food, even while the hospital was being put together!

They were, however, an easy target for bombing planes. Miss Mercer's letter gave a grimly amusing incident:

I forgot to tell you that in the area we were in there was much aeroplane activity. The night before our convoy started, the colonel of the division was on his way to see our commanding officer. After three hours he finally arrived with the astounding story that he had been chased by a Hun plane and had had to hide in a ditch, making three different attempts to get away, but each time being picked up again by this Hun highwayman, who immediately turned his machine gun on the car. At the end of three hours, the Hun grew weary and Colonel F. crawled out and hurried to us.

Within five days they moved again. Miss Mercer wrote:

We had to evacuate every patient, pull up stakes and be ready to move in twelve hours, but there was some delay in

> the arrival of our convoy so we did not get off until five o'clock in the afternoon. We started the whole circus parade again. We stopped on the road at seven and had cheese and crackers, which was dinner. It was a heavenly night, full moon and not a light to be used. We drove until one A. M., when orders came to stop, so we slept for two hours on the side of the road wrapped in *beaucoup* blankets. Sharp at three the whistle blew and we were soon on our way; we continued without further interruption until we arrived at a French château with a nice park in which many troops were sheltered. It looked like heaven to us after the awful flat, dusty country we had come from. The next morning bright and early, our patients began arriving and are still coming; our stay here has only lasted a few days; the future is a sealed order. It may be months before we move again.

Miss Stimson's report stated that at the signing of the Armistice there were sixty-eight camp hospitals functioning in the Medical Corps of the American Expeditionary Forces.

Coveted above all forms of assignment within the Medical Corps was the professional service at the front, made up of "officers, nurses and enlisted men especially selected for their professional attainments and formed into surgical, 'shock' and gas teams, so mobilized as to permit them to be sent fully equipped on short notice to any part of the front where their services were needed." [86]

Of these units the most numerous were operating teams organized from base hospitals. Two hundred and forty-four existed on December 31, 1918. The prevailing shortage of medical personnel in the zone of the base prevented, however, the withdrawal of all these units, so that less than two hundred teams actually saw service at the front. Ninety-five additional operating teams were organized from among "casuals" of the American Expeditionary Forces.

An operating team usually consisted of one surgeon, one assistant, one anesthetist, two nurses and two orderlies. Of the nature of the service, Sigrid H. Jorgensen, reserve nurse, of Base Hospital No. 15, wrote:

> On July 14 our troops were making the first big offensive by themselves. We were dumped off in the middle of a wheat field outside a small town called Écury. The hospital

[86] Report of the Director of Nursing Service, A. E. F., p. 16, Surgeon General's Office.

[Evacuation No. 4] consisted of ten Bessonneau tents, a dozen large khaki tents and numerous smaller ones. This whole hospital was just twenty-four hours old when we arrived and from the time the drive began the day before they had admitted over a thousand wounded. A dozen tired but cheerful nurses greeted us.

Our operating-room was the usual Bessonneau tent connected with a smaller tent which served as sterilizing and supply room. Four tables were arranged down each side. The night teams relieved the day teams. There was no stopping for explanations. The faces of the wounded all around us on the ground, on the tables, everywhere we looked, seemed to say: "When will my turn come?"

About eleven o'clock that night the shelling of Châlons, about four kilometers away, began. Now and then the machine guns would be peppering about us trying to get the Boche planes. The next night the Boche came about ten-thirty and after circling about the camp a few times, dropped a large bomb about twenty feet from the nurses' tent and played about with his machine gun. Many of the boys whose nerves were pretty well shattered, wanted to get away. We newcomers did not know enough to be scared.

The work of the teams was the usual round of heavy surgery. Miss Jorgensen continued:

Sometimes we were fortunate enough to have two tables for one team, which meant that we were able to prepare and anesthetize one patient ahead and in that way we could get on without stopping. By adding one extra surgeon and one anesthetist during rush days, a team like this could handle from sixty to eighty minor cases or thirty mixed cases on one eighteen-hour shift.

Sixteen or twenty hours in the operating-room is hard work. If we went off duty, though, it meant that for every hour we rested their wounds would become infected. And such bravery as those boys displayed! I remember one young boy with a fractured skull. He was too badly shocked for ether and so the operation was performed under local anaesthesia. For huge skull wounds, drills and all sorts of other instruments were used. One large piece of shrapnel was extracted by a very powerful magnet and never a whimper from the boy! When we praised his pluck, he told us that anyone who could stand the life in the trenches as it had been for the past week could stand anything.

Another youngster about eighteen years old had gone to sleep on the table, waiting for his turn to come. Suddenly his voice rang through the operating-room: "Why, hello, it is an age since I've seen a woman like you!" The surgeon wanted to know if he was a friend of mine. Poor little chap, he was brave enough for anyone to be proud to claim him. I went up to examine his wound and found one hand completely blown to pieces and asked him what he would do if it had to be amputated. "Do?" he joked. "Do without it, I guess." I told him not to look at it lest it make him sick. He raised himself up, eyed it and said, "Why, there ain't none!" I asked him how he could be so cheerful. "Why, nurse," he said, "it might have been the right one. This time it was only the left!" And his childish laughter rang through the tent.

Ruth Cushman, reserve nurse, of Base Hospital No. 18, described the bombing of Châlons:

Up until the night of July 14 everything was quiet save for the barrage which rocked our barracks. We were awakened at midnight by a shell exploding in our midst and the immediate order of "gas alerte."

As the patients were pouring in, the night force went on duty in the operating-room and wards. The rest of us remained in *abris* and dugouts. By six o'clock that morning, part of the hospital had been demolished, two patients killed and some of our personnel injured. Orders to evacuate came at eight o'clock from Headquarters.

We rode for several hours (and the memory of the real refugees journeying along the roadside still remains). Some of the nurses slept on the floor of the trucks. We soon found ourselves attached to an evacuation tent hospital in a large open field. Our own team, however, was ordered back to Châlons to operate that night on the more serious cases which had been left behind.

From our hospitals we watched the brilliant display made by the signals and shrapnel from the anti-aircraft guns. In the bright moonlight, we could see the Boche planes flying low, then the terrific explosions of the bursting shrapnel. Personnel and patients alike sought the wheat fields and to my dying day I believe a field of grain will hold a certain fascination for me.

Our hospital train of over a thousand trucks moved by night, so our way along the main roads was lighted by burning ammunition dumps set off by enemy bombs. We led a

gypsy life constantly in evacuated territory of the once beautiful Marne Valley about Château-Thierry. The devastated country lying stark in the brilliant moonlight grew to have a natural aspect, town after town in ruins, fields plowed with shell holes, roadsides lined with ammunition and graves.[87]

From Écury the teams moved forward. Miss Jorgensen continued:

> Soon Soissons had been taken and the Germans were driven back about thirty-five miles. On August 6 we were on our way, only this time it was quite different scenery to which we were introduced. Everywhere along the road we saw ruins, torn trees, dead horses, shelled roads, trenches and wire entanglements in every direction; but through all this misery we did not see one sad face; we were all going forward.
>
> Our entrance to Château-Thierry was five days after the Germans had left. The city must have been very beautiful before the attack. Such wonderful architecture and such scenery over the hills and the Marne! Now almost every house was shelled to pieces; furniture littered the torn streets. No civilian inhabitants remained. One beautiful home with damask curtains and tapestries attracted our attention. We peeked in and there were our boys peacefully asleep on the most comfortable divan.

Olive I. Thompson, also reserve nurse of Base Hospital No. 18, described the historic advance:

> Our team with a number of others was moved after five days to Villers-sur-Marne, where we were stationed with Field Hospital No. 148 in Mme. Huarde's château. The thoracic team on night duty at this hospital was called during the day only for emergency cases. As all of the boys had lain out on the ground for twenty-four hours before they were picked up, they were in very bad shape when they were brought in. Delay in reaching the base was due to the fact that the one-way road was congested by the traffic of the advance.
>
> During the lull in the offensive, we went with the surgeon in charge of our team to Paris to obtain supplies and instruments from the Red Cross. Returning, we overtook our hospital on July 31 at Château de la Forret. The operating-room here was in an old hunting lodge. All around the room were stuffed animals, which we were not allowed to touch, as

[87] Report written by Ruth Cushman for the *Johns Hopkins Alumnæ Magazine*, May, 1919, pp. 75-77.

it was feared that they had been wired by the retreating Germans. The flies were horrible and a foul stench arose from dead men and horses which still littered the ground.

Anne E. Schneider, reserve nurse of Base Hospital No. 6, wrote of Field Hospital No. 27:

Monday, July 29, found us again on the move, this time in the direction of Château-Thierry, where we made our home in a deserted château with spacious grounds. Team 77 to which I belonged was placed on night duty, for which I will always be grateful. Our stay was destined to be a lively one. Early in the game I discovered that it was much easier to be busily engaged with one's mind on one's patients than to lie quietly in bed trying to figure out just where the next bomb was going to land.

Here during our leisure hours we explored the surrounding country, visiting the dugouts so recently occupied by the enemy, made comfortable by the looting of the homes of Château-Thierry; crossing the river on the pontoon bridges thrown across by our brave engineers in that bitter struggle across the Marne; climbing Hill No. 204 with its countless shell-holes; stopping by the way to examine a broken plane resting by the grave of its fallen hero; viewing from its height the beautiful valley of the Marne, at its base the utter destruction and ruin of a once-thriving city; through Belleau Wood where hardly a tree remains unscarred; through many a valley where no stone remained unturned; and back through the poppy fields of France in all the glory of their brilliant hues.

We watched the return of the refugees in groups and in single file by every train or wagon. Into Château-Thierry they came, some on foot with the old family cow and the faithful shepherd dog close on the heels of the baby carriage, heaped with all their pitiful worldly possessions. While the sound of the guns was still to be heard, these people returned to reëstablish their homes and to rebuild the city and with their coming we again joined the mighty caravan of the road.

Of the simultaneous arrival of various types of forward sanitary formations of the American Expeditionary Forces at a given point of evacuation, Katheryn A. Leverman, reserve nurse of Base Hospital No. 46, wrote:

From Field Hospital No. 27 we were taken to Red Cross Hospital No. 114 then at Château-Thierry to remain over



Photo. by Signal Corps, U. S. A.

The 112th Field Hospital, A. E. F., Cohan, France, August 12, 1918. Nurse members of operating and "shock" teams were on duty in this the most forward type of American hospital unit in the zone of the advance.

night, expecting to return to our base. After scrubbing all morning in our new quarters, we received our orders. While waiting for the ambulance to take us to the station there came a call for more nurses up the line. We were hastily shoved into ambulances and there followed a wild ride to Crezancy, where Evacuation Hospital No. 3 was stationed.

Arriving at Toul one night, we were taken by ambulance to Evacuation Hospital No. 1 which was permanently located at Sebastopol, a good distance from Toul. After resting here for a day we moved on again, this time occupying a large French military barracks barely outside of the city. A number of tents were also set up and one of the large Bessonneau type was fully equipped for operating, containing eight tables for that purpose, with two extending the entire length on one side to be used for sterile supplies. Other hospitals were arriving daily and all were stationed around this neighborhood and were designated the "Justice Group." I cannot now recall all the different numbers, but one was for gassed cases only, another for medical, one for the slightly injured and we were to take only the seriously wounded. It was here that Captain Cutler, our surgical director, organized the work so that this particular hospital handled an enormous number of cases during the St. Mihiel Drive.

Those of us who worked in the tent still shiver when we think of those cold September nights, when we were sterile nurses for several operating teams, our hands in wet gloves constantly, standing within a small space, handing out sterile supplies and setting up instrument tables. Although this organization was wonderfully equipped, there was no oversupply of aprons, or other articles, so we had to be especially careful. Each operating team had a "floating nurse," who was kept so busy that she did not feel the cold quite so much. There were just two of us to handle the sterile supplies for those eight tables and we did not dare to move outside of our own little sphere. About four A.M. we felt more like wooden idols than human beings and oh! how unmercifully cold it could get!

After the St. Mihiel Drive we went on to Fleury, where we worked with Red Cross No. 114 for one week and were then ordered to the Champagne Front. When we arrived at Cuperly in the Champagne sector early that October morning, the ground was white with frost. Our hospital tents were pitched across the railroad track from the Mt. Frenet French hospital barracks. . . . It was in this sector that we had to wear rubber boots so much and we ran a terrible risk of losing them completely. I really don't know of anything that has

> the stick-to-itiveness that French mud has. The most popular costume those days were raincoats over either a jersey or gray crêpe uniform, rubber boots and sou'wester hat. Our boys told us we looked like the advertisement of codliver oil. No wonder the *mademoiselles* asked our soldiers: "Are all American women so homely?"

Of their last stand at Fromerville, Sigrid Jorgensen wrote:

> It was hardship, sacrifice and toil from the day we came there. Something seemed to tell us that this our last fight was to be the end. The tents were pitched on the top of a hill overlooking the ruins of the villages. The mud, alive with the filth of war, grew thicker in the cold rain. Instead of uniforms with such trimmings as white collars and caps, we nurses then wore high rubber boots, trench coats and rain hats and sweaters in several layers.
>
> Verdun, pounded by German guns, was about four kilometers from us, but we never dreamt for a minute that they were after our little camp. On November 3 they got our range and threw over thirteen shells. Headquarters was shelled down completely; some shells struck the tents and the shrapnel flew in every direction. Everyone rushed to the help of the wounded. Some carried stretchers, others went about with bandages and dressings and still others did their best to cover the boys up.

Thirty "splint teams" were organized by the Medical Department for service in the zone of the advance. The service which the personnel of this type of unit saw, closely resembled that experienced by the personnel of operating-teams. These "splint teams" are of especial interest to members of the American Red Cross, because at the request of the Army and without any expense to the Military Establishment, the American Red Cross supplied more than 294,000 splints to soldiers of the American Expeditionary Forces.

"Shock" work at the front represented the most forward branch of American military nursing service during the European War. Seventy-eight "shock teams" were organized. From a professional point of view, their work demonstrated unequivocally the value of expert nursing technique in the immediate zone of the advance. Elizabeth Coombs Strode, reserve nurse, of Base Hospital No. 20, described the nature of their work:

"Shock" is produced by loss of blood, destruction of tissue, exposure and privations of every kind. Patients had often lain undiscovered in the cold and wet for days in shell holes or some other exposed spot, under constant fire, where it was impossible to conduct rescue work. Life was sustained only by water from mud holes. Many others, desperately wounded, after receiving First Aid, were moved rapidly back of the lines for further treatment. Owing to the great necessity for haste, the ambulances covered the distance in the shortest time possible so that the jolting over rough roads had further added to the suffering and devitalization of the men.

If the patient's condition warranted it on arrival at the hospital, we removed soiled clothing, bathed him and supplied clean clothes before taking him to the wards or operating-room. We were on constant guard to keep the wards as free from "cooties" as possible. Those suffering from extreme shock were admitted to the "shock wards" with none of the horrors of war removed. In most cases we could only wash the hands and faces of these men for many days before their condition enabled us to remove fully the blood, mud and filth of the trenches caked on them.

The treatment consisted first of giving heat. Clothing was cut away, the patient put immediately on a warm stretcher [mounted sometimes on trestles] and surrounded by hot-water bottles or canteens. If very cold, he was given a warm air bath by placing over him a large wire cradle covered with blankets, following the method formerly used in civil hospitals for giving vapor baths, but giving dry instead of moist heat. Warm air was supplied by means of a pipe running under the cradle from a small kerosene stove at the foot of the cot. The blood pressure was then taken to determine the degree of shock. The "T.P.R." usually showed subnormal temperature, feeble rapid pulse and increased respiration.

In addition to extreme shock, many patients were dying from gas bacilli infection. The suffering caused by this infection was so acute and the effects so deadly that our most vigorous efforts to save life were of little avail. Indications for active treatment were first, hemorrhage; second, blood pressure below ninety; third, blood pressure that falls continuously.

Following rest and the application of heat came active treatment. Pauline I. Stock, reserve nurse, of Base Hospital No. 18, continued a description of the work:

If the man was conscious and not an abdominal case, he was given hot coffee on admission with a teaspoonful of bicarbonate of soda to counteract acidosis. The soda was repeated in all their hot drinks which were given every two hours. A quarter of a grain of morphine was given if the patient was suffering or restless and large doses of atropin if he had lost much fluid through perspiration, a loss of which was frequently as proportionately great as the excessive thirst. The stimulants used were strychnia and caffein sodium benzoate.

In cases where it was imperative to get fluids into the system at once, sterile salt solution with six per cent gum acacia was given intravenously. The theory advanced was that the salt solution with gum acacia was less liable to be lost by osmosis than plain salt solution. But after all, blood transfusion, when the blood could be obtained, proved to be the most satisfactory. The blood was usually taken from the gassed patients, who were really better for it. When the situation was explained to them, the boys were very good about offering themselves as donors and were always greatly interested in the recipient and whether the blood had helped him. It was remarkable how quickly the patient would pick up, as a rule, after such a transfusion. Of course, many times it was only temporary, but frequently he would improve enough to warrant operation.[88]

Of further treatment, Miss Strode wrote:

Special diets of milk, eggs, etc., were issued for patients whose condition permitted it. The Red Cross gave daily contributions of cocoa, chocolate, small cakes, canned milk and, at times, fruit. Everything possible was done to alleviate the terrible suffering but only those working under existing conditions realized how stupendous was the task of supplying comforts so close to the lines. As many patients were in a dying condition when admitted, the mortality was exceedingly high. The daily scenes in the shock ward truly illustrate the horrible cruelty of war, with its ghastly waste of life, its inexpressible agony.

Gertrude Bowling, reserve nurse, who with Miss Stock had been sent forward from Base Hospital No. 18, wrote of experiences in Château-Thierry:

[88] Report written by Pauline Stock, *Johns Hopkins Alumnæ Magazine*, May, 1919, pp. 70-71.

For a couple of hours we jogged along a road pitted on either side with shell holes, the tell-tale wrappings of a First Aid packet, or a bit of clothing beside them. Through the shell wrecked, half demolished villages of Vaux and Esson, naked, forbidding skeletons in the summer dusk, we were held up by ammunition trains going up or empty camion convoys returning from the front.

Less than a week after its evacuation by the Huns, we entered Château-Thierry. The dead were still unburied on the battlefields. Ruins of the great bridges blown up by the Boche were still in evidence, as was the pontoon bridge thrown over the Marne by the victorious French and American troops. Hotel Dieu, where we joined the 112th Field Hospital of the 28th Division, was filled with shell holes and without a pane of glass.

Wanton destruction, indescribable devastation and filth were everywhere manifest. Houses, churches, public buildings in ruins, here and there whole sides stripped off of homes showing intimate details of family life rudely interrupted, a piano with music still open upon it, a victrola with records scattered about, a table partially set, a baby carriage or cradle just as the inhabitants had left it,—one could not but wonder what had become of them. At our own hospital, furniture, tapestry, bedding, china, broken and trampled, were strewn on the floors and in the court yards. Piles of everything from candlesticks and fine linens to hospital supplies were massed in heaps in the cellars and about the grounds. From these we gathered equipment for our new ward. Through our paneless windows and the ragged shell holes in our wall, the flare from the big guns and their boom kept us awake.[89]

The following day, shock work began again. In Miss Bowling's account, as in the notes of other nurses at the front, appeared a total disregard of the passing of time. Days and nights became only a blur of exhausted yet unsurrendering endurance.

You forgot many things you had been taught. You only remembered to roll up your sleeves and dig in. It was work, eat, sleep, work. One stretch of duty was the same as the next. You forgot the days of the week; you thought only of how many you could keep from dying.

[89] Report written by Gertrude Bowling for *Johns Hopkins Alumnae Magazine*, May, 1919, pp. 64-65.

> Never will I forget some of the faces, wonderful, physical types of American manhood, and the spirit, sometimes in mere slips of boys, well,—superhuman! They were a game lot. Dust-caked, bloody, often wet, they came to us sometimes too fast to handle. One little second lieutenant, badly smashed, grinned from ear to ear: "Boys," he said, "I got my seven Boches before they got me!"
>
> Another dark-haired, broad-shouldered chap of twenty, with both legs amputated almost to the hip, his face and body peppered by bits of shrapnel, lay helpless in our ward. "Well," he told us, "I was studying to be a dentist, but now that is impossible. At one time I learned to make artificial teeth. When I go back I think I can be able to make a living with that as my trade."
>
> The dumb, long-suffering look in the eyes of a lad who came to us after lying for three days in "No Man's Land" before being found, still haunts me. His back bore huge shrapnel wounds alive with maggots. Words cannot do justice to the gruesomeness of those crawling things in human flesh.

After two weeks at Château-Thierry, the American field hospital moved up to Cohan, five miles across country from Fismes. Miss Bowling wrote of her anxiety lest in the darkness she could not get her unconscious patients into their gas-masks in time. She described the nightly bombing:

> At such times a piece of roof is a certain satisfaction. Even the best canvas seems thin. No sooner did the moon show her face than the buzz-buzz, with its peculiar singing whine, was overhead. Many bombs exploded near us. Two that proved to be "duds" fell just back of our tents. Had they exploded quite a few of us, to use the parlance of the boys, would have been saying "Good morning, St. Peter!" Later we learned that a woman spy had signaled the planes with a flashlight from the top of the hillside on which our tents were placed. She was a middle-aged French woman and pretended to speak no English, until her condemnation was pronounced.

Of the shelling, Miss Bowling wrote:

> Suddenly one morning we heard over our heads a new sound,—the long, shrill whistle of the Hun's Big Bertha, followed in a few seconds by the crash of explosion at the point of contact. They were searching for the big naval

guns just back of us. All my life I have read of the whistle and whine of shells. The vacuum left over our heads as the shells seemed to pass lower and lower, was so vivid to our minds, we felt we could reach up and touch it with our hands.

One of their stations was in an old cow stable. Miss Bowling continued:

Open to the air only by one small door which we kept blanketed at night to hide the candle by which we worked, we set up our "shock-ward" near the manger, with the dusty cobwebs clinging to the rafters. The stable itself was at the mouth of a wine cellar running fifty feet underground, under a hill. Here we carried our patients for shelter in necessity. When not on duty, we slept upstairs over the little X-ray and operating-room. When "Jerry's" shells began to whistle with the regularity of clock work about ten P.M. and again at four A.M., we repaired in pajamas, raincoats, tin hats and gas masks to the wine cellar until it was over. It was at this place they brought us one night a Pittsburgh boy an hour after he had been wounded. He was at the key-board at a general's château when a piece of shrapnel caught him, severing an artery. He came to us with a tourniquet made of a blue bandana handkerchief and a wooden spoon.

I might tell you many, many incidents of the brave boys who passed through our hands; of the way some of them died; of the things all of them endured; of the rats, huge as guinea pigs; of the thirst and the mud; of the swarming flies, the fleas, the "cooties" that tormented them; of the periods of intense suspense not harder to bear than the long days of monotony and great physical exhaustion that often followed. But I could never really picture things as they were.

Of the St. Mihiel Drive, Alice A. Kelly, Army Nurse Corps, of Base Hospital No. 49, wrote:

Our team consisting of a captain of the Medical Corps, an orderly and myself, were joined on September 9 at Toul by another "shock" from a Georgia unit. We were given an ambulance and told to find the *triage* of the 89th Division.

In the early morning of September 13 we were riding over territory which our forces had left the day before. Our driver lost his way. At one time we were riding ahead of the artillery of one of the divisions on its way to the fast advancing line. We saw everything from dead horses up, camouflaged

guns beside the road, everything bearing the look of hasty departure. Several times we were obliged to stop and inquire the location of this *triage*. Whenever the boys saw us, they stared. I heard one man say: "My God, it's a woman!"

We stopped in a very much ruined little village where parts of one division were having a hasty breakfast before they pushed on. Excitement was everywhere. Of course, the boys cheered and told us that we were the only two girls around that section and it did please them to see "some really and truly American women."

A *triage* has been defined as the sorting-station immediately behind the First Aid dugout in the field. Of this one, Miss Kelly wrote:

It consisted of about ten canvas tents; one of them was an extremely large one which was used as a receiving ward. The boys were evacuated almost as soon as they came in, remaining only to be redressed. Though there were many cases that needed transfusion, we did not have the supplies to do much work there. To apply heat we improvised a hood to be placed over the stretcher and used lanterns.

As for our living conditions, our one and only trouble was the mice. Often I woke up with them running over my cot. At first we could not sleep on account of the barrage each night, but finally got accustomed to it. I remember late one evening hearing a steady beat, beat, beat. I got up and peeked out of the tent to see a steady line of soldiers marching to the front in the gorgeous moonlight. As these boys swung on, not a sound was heard except the tread of their feet. I watched them pass for ten full minutes. . . .

We had arrived in time for the Argonne Drive, September 26. We were immediately put in charge of a regular "shock-ward," the two teams relieving each other on the day and night work. And there the real work began. We got everything, but had more shrapnel wounds than fractures. Those were busy times. It was discouraging to bring back some of those frightful cases only to have them die later with gas bacillus infections.

Of the cost of the Argonne victory, Miss Bowling wrote: "It is no new story, the frightful carnage of that hard-fought ground. The dead sometimes waited three and four on the wards with the living, because the stretcher bearers were too busy carrying the wounded and the dead could wait."

Approximately four thousand officers, nurses and enlisted men comprised the professional team service of the American Expeditionary Forces. Of this number, two thousand, six hundred and sixty-two were nurses. Miss Stimson described how these more fortunate ones were regarded by nurses serving in the zone of the base:

> The work in the hospitals at the front, with all its trying conditions, was the prize and goal for which every nurse of the American Expeditionary Forces longed. No special credit should be given the nurses who achieved it, even when recognition of their skill, their courage and their uncomplaining willingness to adapt themselves to all the hardships entailed, is made. The work was its own reward. Each nurse knew that she was fortunate indeed to be there and that waiting to take her place, nay, only too eager for the chance, were literally hundreds of other nurses.

. . . . . .

Attached to the 332nd Regiment from Ohio, brigaded with the Italian Armies, was United States Base Hospital No. 102, of one thousand beds, organized by Dr. Joseph A. Danna within the Medical School of Loyola University of New Orleans, Louisiana. Although this unit was not ordered into the field until August of 1918, its experiences as the most forward base hospital operating on the Italian Front, comprised a most picturesque section of war nursing history.

Born in Bisacquinto, in the provence of Palermo, Italy, Dr. Danna at the age of seven came with his parents to the United States, and subsequently made his home in New Orleans. When the American Red Cross suggested the organization of a base hospital from the staff of Loyola University Medical School, he was appointed director. Chrysostom Moynahan, a Daughter of Charity of St. Vincent de Paul, was chief nurse. Sister Isabella, another Daughter of Charity, was delegated by Sister Chrysostom to compile the reports describing the activities of Base Hospital No. 102 as quoted in this section. She wrote of her chief:

> Sister Chrysostom was born in Ireland and came to this country at an early age with her parents who settled in Massachusetts. Entering the Community of Daughters of Charity of St. Vincent de Paul at Emmittsburg, Maryland, their Mother House in this country, she was sent at the ex-

piration of her seminary term, January, 1889, to Carney Hospital, Boston. This Community opened here its first training school for nurses in 1892 with Miss Emily Stoney as superintendent. Sister Chrysostom was one of the graduates of this first class, the term then being two years. She then transferred to St. Mary's Hospital, Evansville, Indiana, where she remained until 1898. At the outbreak of the Spanish-American War, she was called with nine others of this Community to Washington preparatory to being sent to Santiago to nurse fever patients. The day previous to their departure, President McKinley requested that no Sister be sent to Cuba who was not immune. As Sister Chrysostom was the only exception, a Sister from Providence Hospital, Washington, who had had the fever, was hurriedly called and Sister Chrysostom was sent to Providence Hospital to replace this Sister. Some months later, however, she was detailed to Portsmouth, Virginia, to help nurse the Spanish who had been injured by the burning of the *Marie Theresa* and on recovery of these patients, Sister Chrysostom was transferred to Fort Thomas, Kentucky, where she helped to care for fever patients until February, 1899. From here she returned to Evansville, Indiana, and was thence sent to Birmingham, Alabama, where she later built the beautiful St. Vincent's Hospital.

From 1899 until 1918, Sister Chrysostom was in charge of this institution, receiving while there, in January, 1918, her appointment as chief nurse of Loyola Base Hospital Unit No. 102.

Sister Chrysostom was the first registered nurse in the State of Alabama.

Ten Daughters of Charity from representative hospitals in the South held executive positions under Sister Chrysostom upon the nursing staff of Base Hospital No. 102. These women were the only nuns who served with the American Army in the European War. They were Sisters De Sales Loftus, Lucia Dolan, Agatha Muldoon, Catherine Coleman, Angela Drendel, M. David Ingram, Mariana Flynn, Valeria Dorn and Florence Means. Their order, however, had long before blazed the way to the modern woman's part in the alleviation of suffering among the wounded of armies. Sister Isabella wrote:

> The Daughters of Charity of St. Vincent de Paul were the forerunners of the Red Cross, operating on the battlefield in the wars of Gustavus Adolphus. Their Community numbers

thirty-five thousand subjects. They are found in every country in the world, their works being well known in China, the Philippine Isands, through South America, in the Levant, Constantinople and the Turkish possessions, Jerusalem, Northern Africa, Madagascar and all over Europe.

When they were first sent out in 1654 and 1655 by Vincent de Paul, their Founder, to the battlefields of Sedan and Arras, it was a world wonder, for women had never before engaged in this work. They were the first religious women of any Community to brave the dangers and hardships of the battlefield.

Florence Nightingale visited the Daughters of Charity in their Mother House in Paris, for the purpose of learning their methods and she acknowledged that her own work would have failed without their coöperation. Thus from the day when the Turk christened the Daughters of Charity the "White Swallows of Allah" have they continued their errands of mercy, reaching, perhaps, the climax in their recent faithful service to the dead and wounded in Belgium. It is recorded of several Daughters of Charity, following the French Army back from Belgium, that for twelve days they went without changing their garments and upon reaching shelter, such was their soiled and disheveled condition, that they were not recognized as Sisters, but had to prove their identity.

Since the beginning of the war five thousand members of the Mother House of this Community in France have been doing field work.

The remaining ninety nurses who formed the nursing personnel of Base Hospital No. 102 came largely from training schools in all parts of the United States conducted by the Daughters of Charity. Sister Isabella wrote of their mobilization:

> Twenty-two nurses were from New Orleans, twelve from Birmingham, six from Montgomery, five from Mobile, five from Chicago, ten from El Paso, ten from Los Angeles, eight from San Francisco and five from St. Louis, several from Austin, Texas, and several others from various Southern cities. Acting upon official orders, for several months previous to mobilization, the nurses were detailed to different cantonments.

The equipment of Base Hospital No. 102, costing $100,000, was purchased by funds contributed entirely by Mrs. John

Dibert, a New Orleans philanthropist. Its assignment to Italy was in part determined by the strong sympathies of Dr. Danna for his mother country and by the need for a sanitary unit to serve with the 332nd Regiment of the American Expeditionary Forces, brigaded in the summer of 1918 with General Diaz' troops.

Early in July, 1918, the nursing staff of Base Hospital No. 102 mobilized in New York. Nurses and Daughters alike received complete equipment for foreign service from the American Red Cross. The nuns, however, were permitted by special ruling to wear the dark blue cloth habit, the white collar and the cornet of their order. The embarkation of the unit was made the occasion for ceremonials of a deeply religious character. An eloquent flag blessing at St. Stephen's Church, delivered by Chaplain George T. McCarthy, July 23, was the first public Catholic demonstration of this kind given in New York City. A last High Mass was held at three o'clock Sunday morning, August 4, and Major Chaplain Joseph P. Dineen sent the unit forth with an inspirational blessing. The Reverend Godfrey P. Hunt, a Franciscan from the monastery in Washington, D. C., accompanied Base Hospital No. 102 into the field as chaplain. Sister Isabella wrote as follows of their embarkation:

> Sunday, August 4, at 2 A.M. under cover of darkness, the Sisters and nurses marched in file, four abreast, full uniform and headed by Lieutenant McCarthy, to St. Stephen's Church.
>
> The nurses then returned to the hotel, got suitcases and crossed in the ferry to Jersey City. Here darkened coaches awaited them. The train was composed of first-class cars and before starting, the Lieutenant turned them over to a secret service man. The train pulled out at one P.M., reached Baltimore and went straight to the wharf, where the S. S. *Umbria* awaited it.
>
> The *Umbria*, an Italian boat built in 1901 and for the past three years used as a freight steamer, had had a thorough overhauling in preparation for this trip. It was small for the unit and in many respects very inconvenient, but it had a good captain and a generous crew, which more than compensated for all shortcomings. On arrival of Chaplain-Reverend Hunt from Washington, D. C., the *Umbria* started on her voyage.

The first morning out, the S. S. *Umbria* picked up a black speck on her left. It proved to be the lifeboat of the American oil tanker *Jennings,* containing the survivors of the *Jennings* which had been torpedoed twenty-four hours before. The lifeboat was re-provisioned and with its passengers carried back until it was within sight of Cape Hatteras. This caused a delay of six hours to the *Umbria.*

Of their approach to Gibraltar, Sister Isabella wrote:

> Until August 17, the *Umbria* was without convoy, but on that day, a great English man-o'-war came out to escort her through the Strait and into the harbor. It had been in search of the *Umbria* all night, but could not locate her until the following morning. This convoy was more than welcome, as on the previous afternoon fourteen messages had been received by the officers warning them to be on the lookout for submarines.

While the ship was coaling at Gibraltar, the nurses were given shore leave. American jackies, many of whom had not seen an American girl for three years, came alongside and took the nurses ashore. The United States Naval Hospital entertained them for tea. The *Umbria* lay under the Rock for three days before she sailed under convoy August 21 for Genoa. A nurse's diary described their convoy as follows:

> As you know, the Gulf of Gibraltar and the Mediterranean were a nest of submarines. We sailed Tuesday afternoon and such a sight I shall never forget, twenty-nine beautiful boats leaving the Old Rock! The sea was calm as a tub and we moved out singing a hymn to our Blessed Mother and also a good-by to Gibraltar, the latter to the air of "Tipperary."
>
> We had a beautiful French man-o'-war in front of us, whose duty it was to look out for mines and to serve as our pilot ship; the Admiral of the fleet was on this man-o'-war. In the rear was a large Italian man-o'-war, which we called our "bull dog," because their bow reminded us of a bull dog's nose. This is the largest ship in the fleet and could get around the fastest,—she was constantly around the fleet, sometimes would almost go out of sight, on the lookout. Then we had three small gun-boats, one each, English, American and Italian; we called these the "fists," as they kept themselves around the sides and ran ahead and behind our

fleet looking for something at which to strike. The other boats were carrying oil and provisions.

We spent most of our time watching the ships do their silent talking. Our *Umbria* seemed to be the pet of the fleet, she was put in the center,—this no doubt because she was the only one carrying women. Every Ally's flag was taken down shortly after we left the Rock and only the signal flags were used. Each ship had her own peculiar camouflage paint. The pilot ship received all wireless messages and sent them to us. They had boat drills twice a day,—a sailor gave a signal, our boat whistled and all the other boats answered, then centered around us at rest, or changed the course of position of their ships.

One day we passed a large school of porpoises taking a sun bath. We saw flying fish in droves and it was almost impossible to believe they were not black-birds. Another day one flew in on the lower deck; it was very pretty and after a while we threw it back into the water. Several times our pilot ship swung around and made a smoke screen through which we passed. We will never know just what the men in the crow's nest saw to make them so cautious. One morning just at daylight, two innocent looking fishing sailboats were seen at our left. Our "bull dog" put out her signal flag and not getting the satisfactory response signal, she made for them. We do not know what happened but suppose the crew were taken prisoners and the boats sunk. We learned later they were supply boats for submarines. The night of August 26, a neighbor boat came up near enough to call out: "S. S. *Umbria*, put out your light on aft side." An officer investigated and found that one of the ship's crew had lighted a cigarette and was smoking.

Of their safe arrival in Genoa, August 27, a member of the unit, Blanche Asher, wrote:

We awakened one sunny morning in the harbor of this ancient port and I am sure our heartfelt thanks at Mass that morning, in view of Columbus' native city, were no less devout than were his at sight of our own native land. Columbus braved unknown hazards (ignorance is bliss!) but we were one and all well aware of the danger, which through the grace of God, we passed safely and every member of our party attributed our safe voyage to our invisible convoys, the many prayers which were offered for our safe and happy journey.

A young officer remarked, a few evenings ago, while we were discussing the wonderful way in which we were protected: "I tell you I wanted to pray too, sometimes, but I didn't know how, so when the rest of you prayed, I just smoked like the dickens and thanked God I had got into such good company!"

Miss Asher wrote of their first billet:

The United States military band met us at the docks and United States ambulances conveyed us to this quaint but beautiful old building, which until recently was a convent. Sisters are in charge here now, assisted by returned cripples from the front; poor fellows, they look thin and old, but are cheerful and courteous and do not invite pity. In fact, nothing about the town or its inhabitants suggests war much more than in our own country. We were awaiting orders to proceed to our hospital and active duty, but in the meantime, the officers and Father arranged us in sight-seeing groups.

Finally on September 5 Base Hospital No. 102 reached its destination, Vicenza, Italy, in the province of Venice, about fifteen miles from the firing line. Italian Sisters turned over to the American unit the hospital established in the Rossi Industrial School. As the work increased, a second hospital intended exclusively for Italian medical cases was opened in an orphan asylum, the "Misericordia." At the outbreak of the influenza epidemic six American nurses from this unit were furnished to a French hospital in Vicenza. Several teams consisting of officers and enlisted men, but no nurses, were sent to the First Aid stations.

Of the Rossi Hospital, Sara M. F. Babb wrote Miss Delano as follows:

The 7th of September we were ordered to the war zone and the week following an Italian hospital was turned over to us. At present we have several hundred patients, Italians, Americans and a few British. We have also had the privilege of caring for three British Red Cross nurses, who were doing work in our little city, in the civilian department of the British Red Cross. We have a great many medical cases, influenza, pneumonia and gassed cases; since the offensive started, our surgical wards are filled and the operating rooms are busy. The French hospital here asked for help until their nurses, for whom they had wired, could reach them.

Six of our nurses were lent. In the immediate future, two other hospitals will be taken over. It is evident we are going to have all the work we can do and our capacity will be taxed to the utmost.

. . . . . .

But I think you are most interested in our living conditions. We are quartered in an old house in which Sir Walter Scott would have loved to put his heroines. The entrance is severe and forbidding, great heavy oaken doors, with iron gratings in front of which is stationed the patrol. The court-yard is paved with cobble stones and a beautiful rose bush and a wisteria vine have climbed to the top of the high gray walls. Under broad overhanging eaves, hundreds of doves make their home. In the tower there is a winding marble stairway and rooms into which the sunlight never falls. To reach my room I have to go up four stories, through a narrow hall, up another flight of steps into another hall, out on a small stone terrace, down another flight of steps and then into my room, which I have dubbed the "Crow's Nest" because it hangs out on the side of the house and is such a splendid post for observation. I have one tiny casement window into which the Great Bear peers at night, with the smile of a familiar friend. Aeroplanes fly low over the "Crow's Nest" and from the stone terrace I look across to snow-covered mountains, over which the smoke of battle hangs like a cloud. The roar of big guns is like thunder in a far-off storm.

Although we are the nearest nurses to the Italian Front, we have many of the comforts of moderns. The tomb of Romeo and Juliet is almost near enough for us to make pious pilgrimages, for the sake of all the old loves we have left behind. We have moonlight nights such as Shakespeare conceived and Browning loved to describe. We have also electric lights, three bath tubs and a shower and an abundance of cold running water. The American Red Cross in Rome sent us a generous shipment of silver, china, glassware, table linen, trays, chairs and many other accustomed home appointments for our dining-room, which we also use as a recreation room. This room is our special pride, a great ball-room splendidly lighted, with high Venetian windows that open out upon charming balconies. The floor is inlaid in beautiful design with bits of marble from the Mosque of Santa Sofia in Constantinople.

We have no lack of recreation, our Dibert Club has put on two shows; the Y. M. C. A. gives us moving pictures and the band of a famous British regiment, stationed near us, comes

over to play for us. We have also been invited to the British camp for four o'clock tea. The wife of the American consul in Palermo on her return from the trenches, where she had gone to sing to the soldiers, came by to sing for us. We have had a great cartoonist, a minstrel show by the enlisted men and an inspiring lecture by Professor Clark of Chicago University who gave us "The Latest News From Home." For thrills we have had a few air raids. It is very unpleasant to be wakened in the middle of the night and made to run for your life down winding stairs in the dark. On the way I wonder which is worse, to be blown up or to die of a broken neck.

On October 24 the Allied offensive, composed of fifty-one Italian, three British, four French and one Czecho-Slovak division and one American regiment, was hurled against the Austrian Armies. Vicenza felt the answer of Austria's shells.

Sara Babb wrote Miss Daspit, Director of Nursing of the Gulf Division, as follows:

I shall never forget the opening of the great Italian Drive. At midnight we heard the most terrific explosion, our old stone house that has stood for several centuries was shaken to the foundation and the guard on duty at our door was thrown to his knees. We thought we were in another air raid and the nurses began to run down stairs for the *refugie*, sure that the first bomb had struck us. The cannonading was like thunder in one of our terrific storms. Next day the wounded began to come in, bringing news of the battle. When the victory was won the people were wild with joy, held great demonstrations and the children went through the streets singing, "Viva la Pace!" Several of our doctors have gone to the dressing stations at the front. None of the nurses have been allowed, as yet, to go in spite of their pleading.

The victory has brought to us a feeling of security. We are gradually emptying our air raid bags. I laughed at breakfast this morning when one of the nurses began to count over all the contents of her air raid bag; face powder, perfume, double curling tongs, money belt, a package of love letters and some warm clothing. Isn't that the psychology of women for you? Nothing so strong as our vanity,—neither fear or piety! Everybody, though, behaved beautifully in the air raids. There was no panic, only a little grumbling for being awakened in the middle of the night and made to get up out of a warm bed and run for life down a dark, winding stairway.

A nurse's diary reads as follows:

October 30. Many more thousand prisoners taken. Artillery fighting heard. An eighteen-year-old Ardite stopped at our hospital this evening, said he was on his way to the front. His regiment and four thousand Americans were going over the top. The regiment is made up of eighteen-year-old boys who are known as "Little Devils." They carry a bomb under each arm, a knife in the mouth and a gun at their side. The lad seemed to be nervous,—said he did not feel well, complained of a sore throat and cold, but said that it was a small matter—when he got to running that would disappear.

November 3. At 11 P.M. a crowd of Italians was heard below our windows shouting and cheering the Americans. The official bulletin which announced that all firing on land, sea and air was to cease at 3 P.M. tomorrow, was read to the patients. The poor Italians were beside themselves with joy. One little Ardite hopped out of bed to the middle of the floor. The nurse led him back to his bed and told him to stay there. A few minutes later he was in the farthest corner of the room on a high bench waving the American flag and shouting "Viva l'America!" Another lad with a drainage tube in a badly infected arm, pulled out the tube and getting out of bed, danced around. Only these poor Italians themselves know what they have gone through within the last three years.

November 18. This evening at 6 o'clock, fourteen Austrian Red Cross nurses were brought to our hospital by the United States Ambulance Corps. They were prisoners; they asked for something to eat and a night's lodging. They were given their supper, but permission to keep them over night was refused our commanding officer. Orders were given to watch them very closely. They were taken to the Italian Sisters' hospital, about ten minutes' ride from here, two Italian officers guarding them. They were not allowed to open their bags for anything.

December 17. We are the nearest field hospital to the Front and the only one that has trained nurses. Now that the war is over, I may give you military news. Our American Ambulance Corps (Ohio boys) brought us the patients from the first dressing station. After the drive our officers took turns of three or four in going to the relief of the First Aid station. They say it was a terrible sight,—dead men, horses and wounded everywhere, mostly Austrians. Among the prisoners was an Austrian Red Cross nurse and we had her

here four days as a guest. She told us she had been an Italian prisoner of war, but was treated as a visitor. She has volunteered to remain with four Austrian soldiers who were dying when the Austrians retreated.

Of the Italian people, Miss Babb wrote Miss Delano:

> The spirit of the people of Italy is inspiring. In the faces of the old men, the women and the little children who kneel with great devotion in the churches, there is the look of the early Christian martyrs,—patient, uncomplaining resignation. Italy, today, is worthy of her glorious past. Since coming here, I understand why great souls of other countries have loved her and lived and died for her,—not only because of her beauty and her old-world charm, but because of her heroic soul and I read in these lines of Browning a deeper meaning:
>
> Open my heart and you will see
> Graved inside of it, "Italy."
> Such lovers old are I and she:
>
> Here, as everywhere, the hardest task of the Red Cross will come with peace. The need for work along public health lines is appalling.

. . . . . .

During the summer of 1918, the Allies landed military forces in North Russia to operate against the Bolshevik armies which were then felt to be strongly pro-German. The situation has been described:

> The reports concerning the activities of the Czecho-Slovak troops and the Allied forces, which were landed at Murmansk, Archangel and Vladivostok, were very meager and conflicting throughout the war. Reports given out by the Soviet government of Russia and the various governments of Siberia differed widely from and often contradicted those given out by Allied governments. Therefore the material contained in this section cannot be strictly vouched for. The method of obtaining it was to gather, as far as possible, material from European and American sources and then to compare it and keep that matter which seemed to be founded on fact. . . .
>
> After the Bolsheviki had made peace with the Central Powers, their attempts to pacify that part of Russia which remained in their hands were rather unsuccessful. A con-

siderable army of Czecho-Slovaks were roaming around the central part of Russia, attempting to reach Vladivostok and and rejoin the Allies in order to down their hereditary enemies, the Germans and Austrians. These men had deserted from the forces of the Central Powers and had fought with the Russians against their enemies. When the Treaty of Brest-Litovsk was signed and Russia retired from the war, they received permission from the Bolsheviki to cross Siberia and rejoin the Allies. For some time, their relations with the new rulers of Russia were very friendly. Then, presumably at the request of Germany, the Bolsheviki ordered them to be disarmed, but the Czecho-Slovaks resisted and conflicts occurred between them and the Soviet forces. The first battles began in the latter part of May and continued throughout 1918 and 1919. . . .[90]

The reasons for the assignment of Allied forces to North Russia and their subsequent activities there have been described:

When it became known that the treaties of peace between Germany on the one hand and Finland, Russia, Roumania and the Ukraine on the other were to be used by Germany as a means of making these countries subservient to Germany, the Allies determined upon a certain amount of military intervention in order to try to save something from the chaos that existed in Russia. The Allies first seized the region around the Murman coast, with the cities of Murmansk, Kola and Kem (July, 1918). The purpose of this was to prevent Germany from obtaining submarine bases on the Arctic Ocean and from seizing control of the Murman railroad which might have resulted in the cutting off of Petrograd from the rest of Russia. There were also vast quantities of war materials there which had been ordered by the old Russian Government and which had never been paid for. From April to July, 1918, the Germans and their Finnish allies were planning an attack on the railroad and even went so far as to build a railroad across Russia from Finland to the neighborhood of Kem. Consequently in July, 1918, Allied forces, including Americans, were landed at Murmansk and were welcomed by the anti-Bolshevik inhabitants, who almost immediately seceded from Russia and established an independent government. The Allies advanced at once along the railroad and seized Kem.

[90] "A Reference History of the War," I. S. Guernsey, p. 141, Dodd, Mead and Company, 1920.

> . . . On August 4, 1918, it was announced that the Allied troops had taken possession of Archangel, after ineffectual resistance by the Bolsheviki. The Allies (including Americans) now controlled the entire coast from Archangel to Murmansk.[91]

Following the assignment of American troops to North Russia in July, 1918, the American Red Cross organized a commission to take a shipload of foodstuffs and other articles to Russia on a boat which would be under the protection and control of the United States Government. The personnel of this commission included a commissioner, a doctor, a sanitarian, two nurses and two executives with knowledge of storage and distribution of supplies.

Alma E. Foerster and Beatrice M. Gosling were chosen as the two nurses of the American Red Cross Commission for North Russia. Miss Foerster was the daughter of a Chicago clergyman. Following her graduation from the Presbyterian Hospital, Chicago, she did public health nursing with the Infant Welfare and Jewish Aid Societies there. She was later in charge of the Out-Patient Obstetrical Department of Rush Medical College. She was enrolled in the American Red Cross Nursing Service in November, 1911. Two years later, she did disaster relief work in the Ohio flood. She sailed upon the Mercy Ship in 1914 and saw service in Kief, Russia, and later in 1917 and 1918, with the Red Cross Commission in Roumania. Of that sturdy temperament which regarded hardships and emergencies only as a challenge to greater resourcefulness and more persistent good humor, Miss Foerster proved herself an indefatigable worker and an able executive. Her heroic work at Archangel rounded out Red Cross service which covered four years and which brought her in 1919 the Florence Nightingale Medal of the International Red Cross.

Beatrice M. Gosling, of Milburn, New Jersey, was graduated from the Prospect Heights Training School, Brooklyn, New York. She did public health nursing at Henry Street Settlement, New York City, and was for some years engaged in social service work with the New York Association for Improving the Condition of the Poor. Her first Red Cross service was with the Commission for Roumania in 1917.

Major Charles T. Williams, of Baltimore, Maryland, form-

[91] "A Reference History of the War," pp. 142-143.

erly in 1917 American Red Cross Commissioner for Roumania, was appointed Commissioner for Russia. Major William D. Kirkpatrick, Medical Corps, U. S. A., of Bellingham, Washington, was his deputy; Major Kirkpatrick had served at Dr. Ryan's hospital in Belgrade in 1914, and later with the American Red Cross Commission for Roumania. Eight other men, including a motion picture camera man, Lieutenant Harold M. Wyckoff, formed Major Williams' staff. Mrs. Aurora N. Merriman, of Minneapolis, Minnesota, secretary to the Commissioner, was the only other woman besides Miss Foerster and Miss Gosling to accompany the party of eleven.

The unit mobilized during the last week of August, 1918, in New York City. Transportation for the personnel and for their four thousand and two hundred tons of food and medicine, valued at one million and a half dollars, was secured on a merchant steamer, the *Ascutney.*

Miss Foerster described the spirit in which the unit embarked, August 30, 1918, and their subsequent reversal of feeling upon arrival a month later at Archangel:

> You remember on what an indefinite mission we started, how useless it seemed to send two nurses when there would be no nursing for them? What we found was more work than we could possibly handle.
>
> Our ship, only a five thousand ton vessel, was a very smooth sailer. They turned the wheel house into two cabins for us women. The crew and the gun-crew seemed to appreciate having us on board. After five weeks on the *Ascutney,* whose engines were constantly giving us much difficulty and worry, we finally reached Archangel, September 29. Here on the quay we were astonished to see American soldiers. With tears in their eyes, those lonesome, homesick boys breathlessly told us how glad they were to see and talk with American women, how they had been there only a month but it seemed a year to them, how disappointed they were to have been sent there rather than to France, how already sixty-eight of their number had died of influenza.

Major Williams summarized the military situation in North Russia:

> The whole Archangel district is more or less under military control. There are approximately twelve thousand Allied troops (five thousand Americans), in this part of the

country. They were landed here early in September but not until the Bolsheviki had been able to remove southward or else destroy most of the vast quantity of ammunition and stores, which were here last year. I have within an hour returned from Bakaritza, which twelve months ago was the great Russian military depot. Today it looks like another place. In lieu of airplanes, guns, steel rails and limitless piles of ammunition and supplies either for the Russian Army or Roumania, there are now only those of the British and American Armies. . . .

The Bolshevik forces in which German elements are found from time to time, are facing the Allies, Americans, English and French, on a battle front approximately one hundred and twenty-five miles south of Archangel. Along this line, there is almost continual fighting and practically every day wounded Americans and others arrive in Archangel. Up to two weeks ago, General Poole, of the British Army, was Commander-in-Chief of the Allied Forces. He has since gone to London and there are intimations that General Ironsides will succeed him.

In regard to the civil situation, there is bound to be suffering in the remote districts as soon as the ice closes in. We are arranging for sled service and expect to be able to do what we can for emergencies. While we are now able to get only about one hundred and twenty-five miles to the south, there is a vast region east and west, occupied by people whose needs, according to reports, must be great. Since our arrival in Archangel, we have been deluged by requests for assistance.[92]

Miss Foerster wrote of their first days in the bleak northern port: "It was very muddy indeed and it rained continually. There were no hotel accommodations so we remained on shipboard. In October, however, it began to snow and the ugliness of the little town was blanketed in white."

Major Williams wrote:

Archangel is just about as crowded this year as last. British and American soldiers are everywhere. Our doughboys patrol the streets. . . .

The Troitsky Prospect on which the American Red Cross headquarters is located is Archangel's Great White Way, except that Broadway has no cobblestones, less mud and slush

[92] Report written Oct. 15, 1918, by Major Williams to George B. Case, War Council, National Headquarters, Washington, D. C.

and no drainage system which inclines from the sidewalk to a trough of mud in the middle of the street. Here and there the houses have been torn by Bolshevik bombs. Dame Rumor is not helpful: "Wait till we are frozen in and the Bolsheviki are coming through from the south on the ice and drive us into the White Sea!"

There were only nine American women in Archangel. Miss Foerster enumerated them:

There were five Y. W. C. A. girls who had been working along the Volga River with the Russian girls but left Petrograd when the diplomats did. They came back from Stockholm to Archangel with additional Y. M. C. A. men and established a hostess house, visited American boys in the British hospitals and worked in the Y. M. C. A. canteens. Then there was Mrs. Davis, the wife of a consul, and also a young woman employed in the Embassy. Mrs. Merriman left us in December, so we nurses make up the nine.

Of the first work of the commission, Miss Foerster wrote Miss Delano, October 5:

We immediately saw that our social service work was out of the question. This proved a greater disappointment to Miss Gosling than to me because I don't mind hospital work especially when we can care for our own boys. They do need us. We are less than a drop in the bucket. They still come to us in relays to tell us with tears in their eyes how glad they are to see us. . . .

We two are the only trained nurses in all Northern Russia now occupied by the Allies. There is an English girl who visits the soldiers but no British nurses. There are three hospitals, one of them a small Russian hospital which we have not yet been able to locate, the Interallied Base Hospital of three hundred beds; and a little American Red Cross hospital of thirty beds. The British doctor in charge of the Interallied Base was in command of one of the hospitals in Roumania before the Red Cross took it over, so we have met an old friend. There are about fifteen Russian Sisters of Charity in his institution; almost starving, they asked the authorities to feed them in return for their care of the troops. In the wards American, British and French orderlies assist several American Army doctors.

I wish you could see the little American Red Cross hospital!

> It is located in a small Russian chapel and has twenty beds in the church proper, two beds at the altar rail, and eight along the two sides. A long table down the center serves for reading and dinner table. There are two small rooms on one side with about six patients in them and another cubby hole in the front with three officers in it. A little reception room on the other side serves as an operating and dressing room. It is really only a small convalescent home, but my! how our boys do love this little place! Soldiers off duty come here and you should hear them brag about this tiny spot of the U. S. A.!

This hospital later became the "Annex."

The first work of the American Red Cross Commission for North Russia was the establishment of a hospital for American sick and wounded soldiers. These cases had previously been cared for at the Interallied Base, which was maintained largely by the British. Miss Foerster wrote of Miss Gosling's and her work during the interval while Major Williams endeavored to secure a suitable building for the future Red Cross Military Hospital:

> Our entire plans had to be changed immediately to "Americans first." Miss Gosling did such civilian relief work as was absolutely necessary. With Captain [Daniel O'Connel] Lively, she visited the schools and taught how cocoa should be prepared. From our supplies they furnished cocoa, sugar, condensed milk and a little hard-tack biscuit, for the emaciated children. By April 1, one hundred and seventy-eight schools had been visited and thirteen thousand youngsters supplied with eight hundred thousand hot school lunches.
>
> In the meantime, I helped in the small operating room in the "Annex." . . . Some hours each day I spent at the convalescent depot, accommodating about one hundred and fifty light cases. The Red Cross also supplied this place with extra food. We had British rations, and our own supplies, so we were not starving as in Roumania. How good our white bread and beef and bacon tasted!

Through the coöperation of Ambassador Francis and of President Tchaykovsky, Major Williams secured, October 15, for hospital purposes, a building previously used as a school by the local meteorological department. Major William H. Henry, of the Medical Corps, was assigned by the Chief Surgeon of

the American Expeditionary Forces to duty as commanding officer of the American Red Cross hospital established in this school. Major Williams cabled for ten nurses to staff the hospital but the British Government would not permit National Headquarters to send them. Miss Foerster's report contained the following comment:

> The reason we had no relief nurses sent us is very plain now, but it did seem cruel then when we needed them so badly. The British, in charge of the situation up there, would not visé any passports for women to Archangel. It was true that the ships from England to Murmansk were very bad but we nurses during this war have put up with many inconveniences and I know any nurse would have felt doubly repaid when she found out how much she was needed.
>
> Our American Red Cross Hospital was located in an old but fairly clean, white building on the quay street, overlooking the Dvina River. With my little Russian vocabulary, I was able to direct the maids in cleaning. We also had four washerwomen. We almost despaired of ever getting linen dry before it froze.
>
> It was hard work for me at first alone. Miss Gosling was naturally more interested in the public health work which she had come over to do. . . . Later, however, she supervised the work of the Army orderlies. Her mechanical turn of mind expressed itself cleverly in little improvements, such as wooden trays for the bed patients, wood boxes in the halls, improvised closets, extra tables and chairs.
>
> Major Williams placed me in charge of the operating room as well as of the hospital. As in the Annex I did any sterilizing in the basement on the kitchen stove until Major Kirkpatrick conceived the happy idea of building a brick stove under our big linen sterilizer.

In addition to their own stores, the American Red Cross Commission for North Russia received generous hospital supplies from the Red Cross Commission for Great Britain. Miss Foerster described some of these articles:

> We had nice iron cots, good mattresses, plenty of linen, pajamas, socks and towels. Fortunately we had brought from New York a number of extra things which we feared might be hard to secure in Russia. Among these was a sewing machine. I secured a clever Russian woman and showed her how to make operating gowns, caps and masks.



Looking across the frozen Dvina River to the American Red Cross Hospital (left) at Archangel, Russia.



Two types of ambulance used by the American Expeditionary Forces in North Russia.

We never had to look about for help; the Russians were only too eager to work for us in return for the good food we gave them. Fortunately, too, for us was the assignment to our hospital of American Army cooks. I made the eggnogs and did the necessary invalid cooking myself. Eggs were one dollar each, but for one egg we traded a pound of Red Cross rice, costing us about six cents. . . .

Miss Foerster wrote of their living conditions:

Our hospital accommodated seventy patients, but about twenty of the personnel also slept there. Our wards were very light and had an average of ten beds. Major Henry, in charge of the hospital, had a room upstairs, as also did Miss Gosling and I. We covered what had formerly been the coat rack with blankets and hung our clothes on it. This improvised closet really separated our room into two parts and gave us considerable privacy. Our meals were served here.

Our coldest weather was thirty-seven degrees below. We managed nicely to keep warm with our twenty-two stoves. Major Williams bought us black coats lined with sheep skin, and we wore brassards on the sleeve. Knitted caps protected our ears. We got out into the fresh air almost every day. Miss Gosling enjoyed particularly the skating. Our engineers had also built a toboggan slide and there were reindeer sled rides, and we took a trip to Murmansk by dog train.

The patients at the American Red Cross Military Hospital at Archangel were medical and lightly wounded surgical cases from among the soldiers of the American North Russian Expeditionary Force. Allied fighting had increased in the Archangel district in the fall of 1918. The military situation at that time has been summarized as follows:

Many towns along the Dvina River were occupied by the Allied and American troops. Kadish, in the province of Archangel, was occupied on October 18, 1918. During the latter half of October and in early November, the fighting seemed to favor the Bolshevik forces. The Czechs were driven from Samara and reported that without immediate assistance they would not be able to hold out much longer. The Allies were forced to abandon some of their newly won ground along the Dvina (Kadish) but succeeded in driving the Bolsheviki across the Finnish border from Karelia.

The signing of the Armistice with Germany, contrary to

> the expectations of many people, did not bring to a close the hostilities in Russia. No official declaration of war had ever been made against the Bolsheviki and consequently a legal state of war did not exist, although fighting continued. . . . The Allies advanced up the Onega River in the Archangel district, for a distance of fifteen miles on December 30 and recaptured Kadish and made their rather precarious position more secure.
>
> During 1918 and 1919 the whole situation in Russia and Siberia was still unsettled. Arguments were rife in Allied countries as to what should be done. Some contended that a large force should be sent into Russia and Bolshevism crushed, while others maintained that the armies should be withdrawn and Russia permitted to work out her own salvation. The question was for the Peace Conference to decide.[93]

The American North Russian Expeditionary Force was recalled in the spring of 1919. The American Red Cross Hospital was closed in April and Miss Foerster and Miss Gosling returned to the United States as soon as the ice broke and the Arctic Ocean was open again to navigation. Moreover, eighteen British nurses had arrived for duty at the Interallied Base and the sick and wounded among the American troops were sent there until the American Force was withdrawn.

The American Red Cross Hospital at Archangel had a record of six hundred and twenty-two patients. Four hundred and thirty-eight of these were medical and one hundred and eighty-four were surgical cases. Seventy-two operations were performed. Only three American soldiers died at this hospital just below the Arctic Circle.

[93] "A Reference History of the War," p. 143.

CHAPTER VIII

SERVICE WITH THE NAVY

Organization of Units—Uniforms and Insignia—Navy Nursing Service in the United States—Navy Nursing Service in Foreign Stations—Detached Service of Navy Nurses

FOUR outstanding accomplishments of the American Navy during the participation of the United States in the European War were the successful escort duty furnished to American troops and supply ships in home and foreign waters; American mine and patrol activities in the North Sea; the re-fitting for transport duty of the interned German liners; and the accomplishments of the Marine Corps in France. For the combatant Navy, the most formidable dangers were German submarines and mines; in addition there were the risks of collision and the natural perils of winds and sea. As for the Marine Corps, it faced and checked the advancing enemy divisions in the *Bois de Belleau* during the third German offensive of May 30, 1918, on Paris; its accomplishment on that occasion and in the subsequent Inter-Allied offensive of July 18 to November 11 needs no further comment here.

The accident and casualty list of the American Navy during the period beginning April 6, 1917, and ending November 15, 1918, numbered 117 officers and 893 enlisted men; that of the Marine Corps totalled 201 officers and 5084 enlisted men.[1] Responsibility for the sick and wounded of the Marine Corps and the combatant Navy in home and foreign waters, and for medical and accident cases of the Navy personnel in training in the United States was vested in the Bureau of Medicine and Surgery, Navy Department.

[1] Report of the Secretary of the Navy, 1918, pp. 212-255; 310-322.

By Act of Congress,[2] during the year 1908, the Navy Nurse Corps came into being as part of the Bureau of Medicine and Surgery, of which Rear Admiral William C. Braisted was then Surgeon General. Esther Voorhees Hassan was its first superintendent. Though of New England ancestry, Miss Hassan was born in Maryland. Following her graduation from the New Haven Training School for Nurses, she served both as staff and chief nurse in the Isthmian Canal Service, Army Nurse Corps. Her name has appeared previously in this history in connection with the Spanish-American War. Katrina Hertzer, who represented the Navy Nurse Corps at National Red Cross Headquarters during the European War, wrote of Miss Hasson:

> When the Navy Nurse Corps was established, Miss Hasson was given the appointment as Superintendent, August 18, 1908, on account of the splendid service she rendered under the Army during the Spanish-American War on the United States S. S. *Relief.*
>
> When the Corps was first established no public quarters for nurses nor an appropriation to finance them were available. The nurses were allowed commutation for quarters and subsistence. Miss Hasson leased, furnished and financed quarters at 541 Twenty-first Street, N. W., Washington, D. C. These were the only quarters available in Washington until the present quarters on the Naval Medical School Reservation

[2] 601. Establishment of the Nurse Corps. (Act of May 13, 1908). "The Nurse Corps (female) of the United States Navy is hereby established and shall consist of one superintendent, to be appointed by the Secretary of the Navy, who shall be a graduate of a hospital training school having a course of instruction of not less than two years, whose term of office may be terminated at his discretion and of as many chief nurses, nurses, and reserve nurses, as may be needed: *Provided*, That all nurses in the Nurse Corps shall be appointed or removed by the Surgeon General with the approval of the Secretary of the Navy, and that they shall be graduates of hospital training schools having a course of instruction of not less than two years. The appointment of superintendent, chief nurses, nurses, and reserve nurses shall be subject to an examination as to their professional, moral, mental and physical fitness, and they shall be eligible for duty at naval hospitals and on board of hospital and ambulance ships and for such special duty as may be deemed necessary by the Surgeon General of the Navy. Reserve nurses may be assigned to active duty when the necessities of the service demand and when on such duty shall receive the pay and allowances of nurses: Provided, That they shall receive no compensation except when on active duty. The superintendent, chief nurses, and nurses shall, respectively, receive the same pay, allowances, emoluments and privileges as are now or may hereafter be provided by or in pursuance of law for the Nurse Corps (female) of the Army."

were completed in 1910. She managed the quarters so well that when they were disposed of after the completion of government quarters, the nurses realized from them not only all they had put in but a considerable bonus.

Miss Hasson designed the indoor uniform and the insignia of the Navy Nurse Corps. During her incumbency as superintendent nurses were assigned to the Naval Hospitals in Washington, New York, Norfolk, Annapolis and Mare Island, California.

She resigned from the Navy Nurse Corps in January, 1911.

Lenah Sutcliffe Higbee was the second superintendent of the Navy Nurse Corps. She was born in Chatham, England, but received her training at the New York Post Graduate Hospital, New York City. Later, she became a citizen of the United States. Before joining the Navy Nurse Corps, she was engaged in institutional nursing in Bellevue and Allied Hospitals (Fordham). Her enrollment in the American Red Cross Nursing Service dated from May, 1912. She was a woman of strong, quiet personality and her native English reserve was impregnated with a keen sense of justice and of proportion which greatly endeared her to the members of her Corps.

Requirements for enrollment in the Navy Nurse Corps were set forth in the Circular of Information for Persons Desiring to Enroll in the United States Naval Reserve Forces as Nurses:

A candidate for enrollment as nurse is first examined for enrollment in the provisional grade of nurse, United States Reserve Force. After her enrollment is accomplished, should she so desire, she may make request for active duty for confirmation in grade and after the completion of a minimum period of three months, active service, she is again examined and if found qualified is confirmed in grade.

A member must be a citizen of the United States.

A member enrolls or re-enrolls for a term of four years.

The minimum active service required for maintaining the efficiency of a member (Naval Coast Defense Reserve), is three months during each term of enrollment. This active service may be in one period or in periods of not less than three weeks each year.

A member receives retainer pay of $12 per annum while enrolled in her provisional grade, provided she makes such reports concerning her movements and occupation as may be required by the Secretary of the Navy. After confirmation in grade, her annual retained pay is two months' base pay

of nurse in the Navy. Retained pay is in addition to any pay to which a member may be entitled by reason of active service. As noted below, numbers of the Volunteer Naval Reserve do not receive any retained fee.

Enrollment of persons shall be made in the Naval Coast Defense Reserve, Class 4, or Volunteer Naval Reserve for duty in the Naval Coast Defense Reserve, Class 4, U. S. Naval Reserve Force. (Members of Volunteer Naval Reserve receive no retainer fees or uniform gratuity in time of peace, but when on active duty receive the service pay of their grade and service.)

A candidate for enrollment as above, must be between 22 and 44 years of age, and a citizen of the United States and unmarried. She must be a graduate of a reputable training school connected with a recognized general hospital giving not less than two years continuous training. Candidates for enrollment from states where State Board laws are operative, are required to be registered.

A certificate of enrollment in the American Red Cross will be accepted in lieu of the above (professional) certificates.[3]

In three respects the Navy Nurse Corps set up requirements of no little embarrassment to its reserve, the American Red Cross Nursing Service.

First, it was required that a candidate for the naval services be a woman of the highest professional training and of mature judgment, because she was expected to have entire charge of the nursing education of the hospital apprentices of the Navy. When in the exigency of war the Red Cross Nursing Service let down its enrollment bars to admit young graduates of smaller institutions, the Navy Nurse Corps refused to accept these nurses, on the ground that they lacked the experience and the years which make for proficient instructors.

The second point covered physical condition and was described in a circular letter sent in June, 1917, by Miss Noyes to all Committees on Red Cross Nursing Service:

> Perfect physical condition is essential. Overweight or imperfect eyesight, unless corrected by glasses, will debar a nurse from enrollment. A chest expansion of not less than two inches and freedom from organic diseases of any kind is imperative.

[3] Nav. 375, March 31, 1917, Government Printing Office, Washington, D. C.

The requirement covering eyesight proved particularly troublesome. Miss Noyes once remarked to Mrs. Higbee: "Does the Navy contemplate making sharp-shooters out of your nurses?"

But the most formidable requirement of the Corps was that its members be of American citizenship. However, when the pending shortage of nurses was foreseen in 1917, the Navy lowered this requirement. A statement covering this change was given in a postscript written by Miss Delano and attached to a letter written by Miss Noyes in June, 1917, to chairmen of State and Local Committees on Red Cross Nursing Service:

> Since writing the enclosed letter we have been advised that a law has recently been passed making it possible to enroll nurses who have taken out their Declaration of Intention, providing they were born in the countries of the Allies. This holds good only for nurses who are expecting to sign the certificate of enrollment for the Voluntary Naval Reserve, but does not apply to those nurses who would wish to come into the Reserve.
>
> Nurses are requested to submit to this office an affidavit to the effect that they have taken out their Declaration of Intention in order that we may forward it to the Navy Department for their files.
>
> The Superintendent of the Navy Nurse Corps has also advised us that nurses will be given the privilege of enrolling in the Naval Reserve Force or they may come into the Navy through the Volunteer Reserve. This latter enrollment does not carry with it, however, the definite advantages to the nurses as does enrollment in the Naval Reserve Force. Nurses are expected to serve as long as the emergency exists.

As was the case with the Army, the relations of the Red Cross Nursing Service and the Navy Nurse Corps during the war were at all times intimate and cordial. In September, 1916, General Braisted assigned Katrina Hertzer, a chief nurse of the Navy Nurse Corps and one of the members of the Mercy Ship Expedition of 1914, to represent the Navy Nurse Corps at National Headquarters. Miss Hertzer was attached to Miss Delano's staff; she aided in the enrollment of nurses and was *liaison* officer between the Nursing Service and the Navy Nurse Corps.

Some months before Miss Hertzer's assignment to National Headquarters, Admiral Braisted had detailed Dr. Theodore

Richards, Medical Director, U. S. Navy, to act in a similar capacity between the Bureau of Medicine and Surgery and the Department of Military Relief, National Headquarters. Dr. Richards also served as assistant Director General of the Department of Military Relief, of which Colonel Kean was Director General. On August 30, 1917, the War Council created a Bureau of Naval Affairs within the Department of Military Relief and Lieutenant Commander Richards was appointed as director.

As international events during the year 1916 pointed more and more to participation by the United States in the European War, the Red Cross was authorized to undertake the organization of sanitary units for the Navy as well as for the Army. Dr. Richards summarized the need of organizing and equipping Navy base hospitals in time of peace for service in war:

> Although navies in general, our own included, are commonly said to be always on a "war footing," the statement obviously omits from consideration the well-known fact that enormous expansion of the personnel will occur coincident with or immediately subsequent to the outbreak of hostilities. It is furthermore apparent that such expansion must take place with great rapidity, since active naval operations, so far as concerns the United States, might be appreciably deferred pending the transportation of large bodies of men overseas. Step by step with enlistments in the naval service come demands for hospital facilities and unless these have been prepared in excess before the outbreak of war, great difficulty will be encountered in keeping pace with the growing demands.
>
> Under peace conditions, our naval hospital facilities have been necessarily limited to current needs. Public opinion in this country, as reflected in Congress, has never countenanced the expenditures which would be involved by hospital construction and equipment in excess of such requirements. It was foreseen, of course, that at any time upon the outbreak of war Government funds would be available in ample amount and that the problem which would then confront the Medical Department of the Army and Navy would be, not the lack of money, but inability to expand it rapidly. As a matter of fact, exactly this condition prevailed last spring and summer (1917) when it was found that the available markets of the world would not immediately suffice to procure in sufficient amount medical and surgical equipments which might have been urgently needed. Fortunately, the international situa-

tion was such that opportunity was afforded to meet the more pressing demands as they arose.[4]

Of the initial call which the Navy Department made upon the American Red Cross, Dr. Richards wrote:

> Under the nomination of the Surgeon General of the Navy, I was assigned to duty in charge of the Bureau of Naval Affairs, American Red Cross, for the special purpose of organizing five Navy base hospitals which the Surgeon General considered desirable. My connection, therefore, with this undertaking dates back to July, 1916, at which time no equipment for any of the base hospitals had been procured. As there was then a serious shortage of personnel at Red Cross Headquarters, the supervision of this work for both the Army and the Navy hospitals was temporarily turned over to me.

Navy base hospitals differed from those of the Army chiefly in size. Housing at a naval base or station was at all times a serious consideration. In view of this problem, hospitals of 250 bed capacity were determined upon. Further, it was believed, in consideration of the small size of the Navy in comparison with the Army, 250 bed hospitals would fully meet the needs of the Naval bases; certainly they could be more quickly set up than 500 bed hospitals. The personnel of these first Naval base hospitals included ten doctors (later raised to twenty-eight), forty nurses (later raised to fifty); fourteen nurses' aides (later raised to twenty-six); twenty reserve nurses (later changed to fifteen reserve nurses and twenty-five reserve nurses' aides); and other personnel, approximately ninety-eight, necessary to care for a two hundred and fifty bed hospital (later raised to five hundred).

As a guide to chief nurses in selecting a staff, Miss Noyes sent out circulars of information which defined the different divisions of executive and other professional details of the nursing staff and the number of nurses needed for each division. She recommended that at least three of the forty nurses should have had practical experience in the care of contagious diseases. Similar outlines relating to the nurses' aides were also issued.

Nurses and nurses' aides desiring service in Navy base hospital units were required to enroll in the American Red Cross. Local Chapters undertook the raising of funds by means of

[4] *U. S. Naval Bulletin*, April, 1918, p. 184.

which equipment for Navy base hospitals was purchased and stored.

After the declaration of war by the United States, the Navy called upon the American Red Cross to organize three more base hospitals in addition to the five original ones organized in 1916.

Between April 4, 1917, and November 11, 1918, the American Red Cross Nursing Service assigned 339 nurses to the eight Navy base hospitals organized by the Red Cross. A list of these columns will be found in the Appendix.

Up and down the long coast line of the Atlantic seaboard were located numerous Naval stations. Upon the declaration of war, these were in need of Naval hospitals. Admiral Braisted in June, 1917, authorized the organization of ten naval station hospital units. A circular letter issued at that time by Dr. Richards gave more complete information:

> At the request of the Surgeon General of the Navy, the Bureau of Naval Affairs, American Red Cross, has undertaken to organize a new group of units to be known as "Navy station hospital." These units are for the purpose of supplying in part the personnel for a number of new hospitals now being erected at various naval stations along the Atlantic Coast and at one or two points elsewhere within the United States, for care of the rapidly expanding naval personnel.
>
> With a view to drawing as lightly as possible upon the civilian profession, only five medical officers will be required for each unit. Additional members to fill the complement will be furnished by the Surgeon General from young officers already enrolled in the Naval Reserve Force. No equipment will be required, but if funds are available for the purchase of X-ray or dental outfits, ambulances, etc., such donations will be gladly accepted.

Naval station units called for an initial staff of from ten to twenty nurses, one of whom was authorized to act as head nurse until the unit was called into service. The same requirements of enrollment, physical examination and immunization existed for this service as for other military units.

In size and purpose, Naval station units corresponded in many respects to hospital units for the Army. As did their sister formations in the Army, these units of organization proved exceedingly popular with smaller institutions, the staffs

of which could not provide the specialization or stand the drain of personnel necessary for such elaborate organizations as base hospitals.

There was swift expansion of the Navy immediately after April 6, 1917, and the Bureau of Medicine and Surgery found it expedient to authorize the organization by the Red Cross of ten additional Naval station hospital units. Twenty-one units in all were thus organized by National Headquarters and 180 Red Cross nurses were assigned to active service in the Navy Nurse Corps through these units. A list of them appears in the Appendix.

The smallest and most numerous of the three types of nursing units which were organized by the American Red Cross for the Navy was the Navy detachment. As early as October 6, 1916, Miss Delano wrote to all superintendents of schools of nursing in the United States:

> . . . It is now our intention to develop Navy units from among the graduates of various schools which have not already been called upon to organize base hospital units, and have selected your school as one of the number to be responsible for maintaining such a unit for service with the Navy in the event of war. These units will be called upon only in time of war and may I suggest that you consult with your Board of Managers and secure their permission to maintain at all times a "Navy detachment of nurses" in connection with your school.
>
> While it is probable that Navy detachments will be assigned to duty in their own locality in hospitals established by the Navy, they should be willing to accept service elsewhere. Preference should be given to nurses under forty years of age and to citizens of the United States. Whenever possible these units should consist of twenty nurses including the head nurse. The majority of the nurses should be experienced surgical nurses with one or two anesthetists. If absolutely unable to maintain a unit of twenty nurses in connection with your school, arrangements can doubtless be made to authorize a smaller number. There will be no medical personnel attached to these units. . . .

Following the severance of diplomatic relations with Germany on February 3, 1917, Miss Noyes wrote to the superintendents of fifty training schools then organizing Navy detachments:

> Under the present uncertain conditions, we believe that we should rush the completion of our Navy detachments as rapidly as possible. Should our country be so unfortunate as to become involved in war the Navy would probably be the first engaged. Under such circumstances large numbers of reserve nurses would be required. In anticipation of these needs you were asked to enroll a group of selected nurses around your school.
>
> Will you kindly notify me preferably by telegram what progress you have made, the number of nurses enrolled and their names? The enrolled Red Cross nurse has always answered the call for service willingly and promptly. Let us not be found unprepared should our country need us now!

Five hundred and forty American Red Cross nurses were assigned to active duty in the Navy Nurse Corps as members of Navy detachments. A list of these units appears in the Appendix.

Of the 1500 American nurses serving in the Navy Nurse Corps at the time of the signing of the Armistice, 1058 of them had been mobilized through the American Red Cross Nursing Service. This number was sixty-six per cent of the total strength of the Navy Nurse Corps.

When the United States entered the European War, the Navy Nurse Corps, like that of the Army, had no distinctive outdoor uniform for its nurses. American Red Cross nurses assigned to the Navy Nurse Corps, when on duty in the wards of Navy hospitals, wore the white wash uniform of their school, with the Red Cross cap, brassard and cape. When off duty they wore civilian clothes.

The first Navy nurses to serve overseas were those attached to United States Navy Base Hospital No. 1. This formation had been organized by the American Red Cross. When its nurses arrived in New York early in September, 1917, for embarkation overseas, they were furnished with the blue serge dress, the ulster, the velour hat and other articles of equipment which the American Red Cross was then issuing to Army base hospitals assigned to foreign service.

The following instructions were issued by the Surgeon General and were forwarded November 16, 1917, by Mrs. Higbee to Miss Delano:

Outdoor Uniform for Members of the Navy Nurse Corps

Skirt and coat of heavy dark blue serge. . . .

Wash waists, cotton cheviot, dark blue flannel, dark blue silk. . . .

Top coat: dark blue heavy coating, smooth finish, similar to Navy "cap cloth." . . .

Cape:[5] heavy long cape of cap cloth. . . . Light cape, navy blue serge lined with flannel.

Sweater of any weight desired; color, dark or navy blue or gray.

Rain coat: Coat of tan cravenette, or rubber, and rubber hat.

Hat: Navy blue velour. . . .

Boots or shoes: Black, heels not higher than "Cuban;" heavy soles; under certain conditions the Surgeon General may authorize tan boots for heavy walking.

Hosiery: black with black boots or shoes; tan with tan boots or shoes; white with white boots or shoes.

Rubber overshoes.

High rubber boots.

Corps Insignia: to be worn on duty always with wash uniforms and on waists of outdoor uniform, when such uniform is ordered. Collar device for outdoor uniform:—The letters U. S. for members of the Regular Nurse Corps, and U. S. R. for reserve nurses and Nurses' Reserve Force; to be worn ¾ inch from collar openings on collar of coat or suit, top coat or heavy cape; Corps device to be worn ¾ inch from letters U. S. or U. S. R.; collar devices shall not be worn except when in full outdoor uniform or when top coat and heavy cape are worn over wash uniform in hospital reservation.

Nurses in the United States are not obliged to obtain the entire outdoor uniform except when so ordered by the Surgeon General. No part of this uniform shall be worn on duty in hospital or hospital reservation, unless so ordered by the Surgeon General, except that the top coat, heavy cape or light cape or rain coat or authorized sweater, shall be worn over wash uniform for protection and warmth; and no other garment shall be worn with uniform.

(*Signed*) W. C. Braisted.

The collar device referred to above consisted of a gold acorn on a gold oak-leaf, which was superimposed upon the characteristic gold anchor of the Navy Department. The letters *N. N. C.* in gold appear upon the oak-leaf and acorn. Reserve nurses who had entered the Navy Nurse Corps through

[5] Optional for duty overseas.

the American Red Cross Nursing Service were allowed to wear the Red Cross cap and the Red Cross cape from which the emblem of the society had been removed.

Specifications for the indoor uniform of members of the Navy Nurse Corps were transmitted by Mrs. Higbee to Miss Delano on November 21, 1917:

> *White uniform:* for members of the Navy Corps, Navy Reserve Force and Reserve Nurses, U. S. Navy, who are not already equipped with uniforms, shall consist of a one-piece dress,[5a] as illustrated, with attached soft collar and attached belt. . . .
>
> When authorized by the Surgeon General, the wash uniform shall consist of a gray chambray, one-piece dress, as illustrated, supplemented with white collars and cuffs, as illustrated, and with an apron of approved style. . . .

While the Surgeons General of the Navy and the Army had been working out, during the early autumn of 1917, the specifications for the distinctive outdoor uniforms for their respective Nurse Corps, the American Red Cross War Council had had under consideration the equipment of all Red Cross personnel for foreign service. As has already been stated in Chapter VI, National Headquarters felt that it was the responsibility of the Government to equip Red Cross nurses assigned to Federal service but the recommendation to this effect of the Surgeon General of the Army to Secretary Baker "was returned disapproved, with the remark that it was not the policy of the War Department to make clothing allowances during the war." [6]

Upon the request of the Surgeon General of the Army, the Red Cross undertook the complete equipment of both regular and reserve members of the Army Nurse Corps at an individual cost not to exceed $200.00 per nurse. This ruling was extended to embrace all members of the Navy Nurse Corps who were assigned to foreign service. Limited articles of equipment also were given to nurses assigned for duty on hospital ships.

Early in August, 1918, a change in the insignia to be worn by members of the Navy Nurse Corps was made. General Braisted on August 9, 1918, sent Miss Delano a print of the

[5a] The gray chambray uniform must be included in equipment for duty overseas.

[6] See letter written Sept. 26, 1917, by the Acting Surgeon General, U. S. A., to Col. Kean, Chap. VI.

new design. "The device is supplied in pairs and is to be worn on either side of the collar of coat or suit, top coat and cape, the anchor to be horizontal with point toward and one inch from opening of the collar. The use of the letters 'U. S.' and 'U. S. R.' as a part of the collar device of the Nurse Corps is herewith countermanded." In a letter written August 24, 1918, to Miss Delano, General Braisted pointed out that "the elimination of the letters 'U. S.' and 'U. S. R.' materially reduces the amount expended on the Collar Devices of the Navy Nurse Corps."

In August, 1918, after Congress had raised the pay for members of the Army and Navy Nurse Corps from $50 to $60 a month for service in the United States, and from $60 to $70 for service overseas, the Surgeon General of the Navy authorized all members of the Navy Nurse Corps on duty in Naval hospitals in the United States to wear the outdoor uniform which had hitherto been worn only by Navy nurses in foreign service. General Braisted on August 30, 1918, sent a copy of this ruling to Miss Delano:

> 1. The uniform approved by the Secretary of the Navy for members of the Navy Nurse Corps will be worn by all members of the Navy Nurse Corps assigned to active duty; and instructions have been sent to the Commanding Officers of Naval hospitals, Naval stations, hospital and ambulance ships and Naval transports, that there shall be no distinguishing marks in the uniforms of nurses other than those which denote their official status.
>
> 2. It is appreciated that the cape, which is issued by the Equipment Bureau to the nurses who have entered the Naval service through the American Red Cross, is a satisfactory and desirable garment to be worn over the wash uniforms. In order to promote contentment and efficiency, however, it is inadvisable that this garment should be issued to some nurses who are on duty and not to others. It is suggested, therefore, that the American Red Cross consider the advisability of giving this garment to all nurses on active duty who submit a request for the cape.

This ruling, as did the ruling made August 15, 1918, by the Surgeon General of the Army, removed entirely the Red Cross emblem from the uniform of American Red Cross nurses assigned to Naval service.

Three hundred and thirty-four (334) members of the Navy Nurse Corps were furnished full equipment for foreign service by the American Red Cross through the Bureau of Nurses' Equipment, Atlantic Division Headquarters, New York City, at a total cost of $60,120.00. Nurse members of Navy base hospitals which had been assigned to foreign service before the full list of equipment had been authorized on October 30, 1917, by the War Council, were furnished the supplementary articles due them under this later ruling, through the office of the Chief Nurse, American Red Cross in France. Navy nurses in foreign service were allowed to replace worn out articles of wearing apparel by purchases made at cost from the Nurses' Equipment Shop, which was maintained at Paris by the Red Cross.

On April 6, 1917, the United States Navy numbered 65,777 enlisted and enrolled personnel and had a complement of one hundred and ninety-seven ships in commission. Hospital facilities for this peace-time Naval force had been provided by the erection and maintenance of permanent base hospitals situated at the principal Naval bases along the Atlantic and Pacific seaboards and in insular and foreign waters.

After the United States declared war, the Navy Department underwent an immediate and unparalleled expansion by the utilization of personnel of the Naval Militia, the National Naval Volunteers and the United States Naval Reserve, and by the construction of new ships and the conversion of pleasure and commercial craft to war uses. On November 11, 1918, the Navy Department numbered 497,030 men and women, with a complement of 2003 ships.

The training of this enlarged Navy took place in camps in the various Naval districts in the United States and at schools for specialists. The Naval Academy at Annapolis was enlarged; "officer material schools" were hastily improvised. Such a school for officers of the Pay Corps was established at Princeton, N. J. Deck and engineer officers for the merchant type ships were trained at a special school which was located at the Naval Training Camp, Pelham Bay Park, New York City, and at branches of the school in Chicago, Cleveland and at Stevens Institute, Hoboken, New Jersey. Officers for the Flying Corps were trained at the Navy Ground Schools at the Massachusetts Institute of Technology, the University of Washington, Dinwoody Industrial Institute at Minneapolis and the

Naval Training Station, Great Lakes, Illinois. Flight officers received post-graduate instruction at Naval air stations at home and abroad; submarine officers at the Submarine Base, New London, Connecticut; torpedo officers at the Naval Torpedo Station, Newport, Rhode Island; turbine-engine officers at the Naval Turbine Engineering School, Carnegie Institute, Pittsburgh, Pa.

Seamen, firemen and certain classes of petty officers and specialists were trained at the four Regular Naval training stations which had existed prior to the war. The total capacity of these stations which had originally housed six thousand recruits, was increased to well over one hundred thousand. To supplement these four principal stations, a new training camp was established in each Naval district, either at Naval stations or on land loaned on nominal lease to the Navy Department. Special schools for trained mechanics, artisans and cooks were also established. Naval training units, which offered college students "opportunity to continue their education along the usual channels, at the same time electing Naval subjects and receiving military drill and instruction, were established in over ninety educational institutions of collegiate grade." [7]

To care for the sickness which inevitably occurred among these large groups of men brought together under new and often more strenuous habits of living than the men had been used to, the Bureau of Medicine and Surgery increased the hospital capacities of the Navy from three thousand to seventeen thousand beds in the United States alone. Of the fifteen hundred members of the Navy Nurse Corps who saw active service during the European War, approximately eleven hundred of them served in Naval hospitals in the United States. Three hundred nurses, the nursing staffs of the first five base hospitals organized and equipped by the American Red Cross for the Navy Department, were assigned to service in foreign waters and a brief account of their experiences will be given in a subsequent section.

Previous to April, 1917, the Bureau of Medicine and Surgery, Navy Department, had established and maintained Naval hospitals at the four permanent Naval training camps, at Naval bases and stations along the Atlantic and Pacific seaboards and among insular and foreign possessions of the United States. Following the declaration of war, the Navy Department greatly

[7] Annual Report of the Secretary of the Navy: Fiscal Year, 1918, p. 80.

enlarged the capacity of these permanent Navy hospitals and erected additional ones in the various newly established Naval training camps and stations. In the Annual Report of the Secretary of the Navy, for the fiscal year, 1917-1918, Josephus Daniels wrote:

> As an illustration of the hospital expansion in the naval service may be cited the case of the Naval Hospital, Norfolk, Va., which during one quarter of the year preceding the war, had an average of two hundred patients and during the last quarter of 1917 had 1,100 patients. In May, 1918, this hospital was caring for thirteen hundred cases, of whom five hundred were in a fully equipped camp of more than twenty buildings, complete in all matters of heating, lighting, water supply and sewerage.[8]

Elizabeth H. Dwyer was one of the nurses assigned to the Norfolk Navy Hospital. She wrote:

> Norfolk Naval Hospital, curiously enough, is situated in the town of Portsmouth on the Elizabeth River, which separates the two cities and the hospital is styled Norfolk in order to save confusing it with the Portsmouth, N. H., Naval Hospital. It was the first U. S. Naval hospital to be built and it was completed in 1828. Previous to the period of the European War, the hospital could take care of two hundred patients but during that time its capacity was increased to accommodate approximately three thousand patients.

The Naval Hospital was beautifully situated among old trees. In the rear was a wide court and on either side of it were large sleeping porches. A circle of bungalows stood beyond the court and were used as convalescent wards.

The population in and about the Norfolk Naval Base increased during the war to one hundred thousand people. Little building was done, so the housing problem was an acute one. The Elks Club leased their clubhouse to the Government and the majority of the nurses were quartered there. The club was located at a twenty minutes' walk from the Naval Hospital.

One of the most interesting events in the routine of a Navy nurse at Norfolk was the arrival of the hospital ships. Miss Dwyer wrote:

[8] Annual Report of the Secretary of the Navy, p. 87.

Often before we had been notified of her arrival, we would see the good ship *Mercy* lying in the harbor, the Red Cross on her side symbolic of her mission. The *Mercy* was the hospital ship we knew best. She usually brought us about seventy-five cases of mumps, the disease which had perhaps always the largest group of sufferers; numerous measles cases and smaller groups of medical and surgical patients.

Whenever the *Mercy* visited our shores, some few nurses always took advantage of the chance to visit her and see her in operation.

A hospital ship is truly a work of art. Arrangement is made for good care and every possible space is used to such good advantage. One would almost think they were in a shore hospital, save that the beds are in the style of berths rather than beds. The operating-room could not be better equipped or look more real in a shore hospital; there is plenty of room, the sterilizers are large and everything immaculately white. Afternoon tea was usually served during our visit.

Early in May, 1917, Dr. Harriss offered the Navy the use of his yacht *Surf*. It was accepted by the Navy, was re-equipped as an American Red Cross ambulance ship and was used to transfer sick sailors from battleships in Atlantic waters to Navy hospitals. Three American Red Cross nurses were assigned to duty on the *Surf* in July, 1917; others were supplied to fill vacancies which occurred from time to time. Nurses remained on duty on the ambulance ship until the use of the *Surf* was discontinued late in 1917.

Navy nurses were assigned late in 1918 to several of the large transports to assist in the care of sick and wounded American soldiers being returned to this country.

Another permanent Naval hospital to undergo tremendous expansion was the Naval Station Hospital at Gray's Ferry Road, Philadelphia. One of the first Red Cross units to be mobilized into active service was the Philadelphia General Unit and the nurses were assigned to the Gray's Ferry Naval Hospital. Mary C. McNelis, one of these nurses, wrote:

Immediately after our country declared war we were sent to the Naval Hospital, Gray's Ferry Road, Philadelphia. At this hospital we had trying days and the memory of them will last as long as life. The work in itself was hard, and the difficulties seemed harder because the work was so strange. . . .

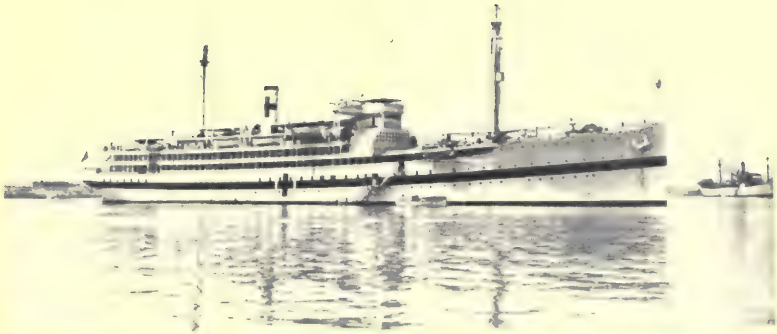
> At the outbreak of the war this hospital was the only Naval base in Philadelphia and we saw this base of less than one hundred patients grow, in a few days, to one with more than six hundred patients. Many of these men were, like ourselves, new in the service. Add to this, the naval discipline which insisted upon sick call at 9 A.M., all medications, nourishments and treatments on time and everything in readiness for inspection at 10 A.M. This was usually made by the executive officer accompanied by the chief nurse. Captain's inspection with all its details occurred every Saturday morning.

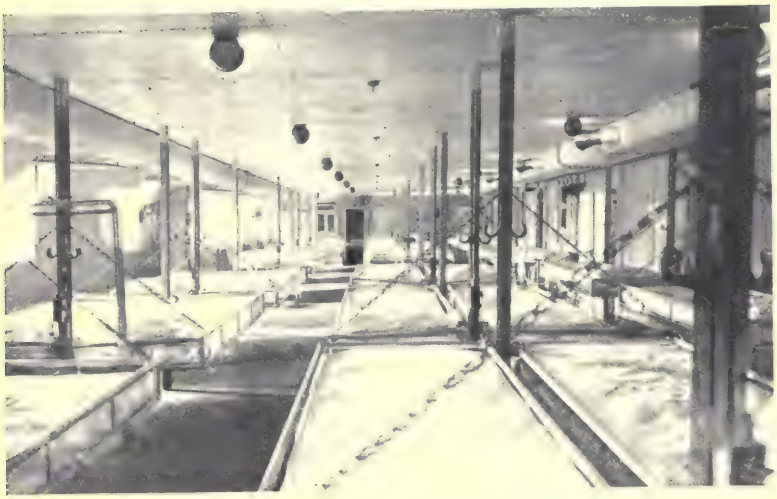
Miss McNelis wrote of the instructive phases which made nursing service in the American Navy different from Army or civilian nursing service:

> We were employed not so much as nurses but as instructors and supervisors of the hospital corpsmen. These men were to serve aboard ship. They were to be the nurses in time of distress, and we had to work with this thought always in mind. Often when haste was imperative it would have expedited matters to have done the work ourselves; for example, to give a hypodermic. But no, we had to supervise the corpsman while he gave it: otherwise present expediency, we knew, might interfere with a terrible future contingency. This reminds me that as yet no pen has been so facile as to describe in true worth the hospital corpsman.
>
> They were not at all children as one is sometimes led to believe. They were citizens, young men who immediately leaped to the defense of country and to them the Draft was all too slow. They knew no fear. The sea, perilous by nature and made more perilous by the machinations of man, did not trouble them.
>
> They came from every walk of life. At one time I had two lawyers, a seminarian and a registered pharmacist working with me. All longed to be off to war. To such as these we had to explain that working in the hospitals "at home" was vital participation in the war. To their credit, be it said they accepted our explanations cheerfully, worked industriously but longed patiently for other things.

During the summer of 1917, an epidemic of contagious diseases broke out in the training camps and stations of the Navy. Miss McNelis wrote:

> In the summer of 1917, we had epidemics of meningitis and scarlet fever which kept us very busy. The scarlet fever







(Above) The *Relief*, of 500 bed capacity, with a fully equipped mobile hospital of 200 beds and ambulance, ready for immediate detached duty.

(Center) A ward of the *Relief*.

(Below) Nursing Staff.

Photos. by Navy Department

The U. S. S. *Relief*

cases were transferred to the Municipal Hospital for Contagious Diseases at Philadelphia, and details of nurses and corpsmen were sent to take care of them. Now, if you wish my idea of hard work, picture a nurse surrounded by men in quarantine for about six weeks. The country is at war, the patients are sailors, eager for the allurement of war. It was almost more than she could do to maintain military discipline and impress upon these men that "They also serve who only stand and wait."

A respite from many cases was obtained in the summer of 1917 by the establishment of naval bases on the reservation at League Island and at the Medico-Chirurgical Hospital.

An early opportunity for assistance to the Navy presented itself to the American Red Cross in connection with the hospital at Philadelphia. The Minutes of a Meeting of the War Council held on July 24, 1917, recorded the following action:

The chairman stated that in Philadelphia the Medico-Chirurgical Hospital owned by the city had been condemned in order that a boulevard might be cut through; that the hospital contained about two hundred and fifty beds and that its use had been offered to the Red Cross for an indefinite term without rental, by the Mayor; that its usefulness was not seriously interfered with by cutting through the boulevard, as it only necessitated tearing down some of the outbuildings that house the laundry and refrigerating plant which must therefore be moved to a new location.

He further stated that it was proposed to use the hospital for the Navy at the present time and recommended appropriation for making the necessary changes in the hospital and for its maintenance which had formerly cost the city about $15,000 a month. Whereupon it was on motion voted that from the Red Cross War Fund the sum of $12,000 be and it is hereby appropriated for alterations and reconstruction of the Medico-Chirurgical Hospital, Philadelphia, Pa., known as Red Cross General Hospital No. 1.

Funds for the maintenance of this hospital were also voted at this and subsequent meetings of the War Council. National Headquarters continued the maintenance of this institution for the Navy until June 1, 1918; it was then surrendered to the city of Philadelphia, because the Navy Department had by

this time so increased its hospital accommodations at Cape May and at Philadelphia that assistance from the Red Cross was no longer needed.

Nursing service in permanent Naval hospitals in the United States during the period of the European War was full of interest. The nurses had comfortable quarters and interesting work. Elizabeth Hoag, a nurse member of the Springfield (Massachusetts) Navy Hospital Unit, wrote:

> Early in May, 1917, sixteen of us nurses received orders to report to the U. S. Naval Hospital at Newport, Rhode Island. We found a warm welcome awaiting us. The hospital was then overcrowded with very sick boys and there were not enough nurses to care for them. I was assigned to Ward D Medical for duty; I found seventy-six patients, most of whom were very ill with measles. A number of these patients had already developed pneumonia, while others had developed ear complications. One nurse had the supervision of this ward and the nursing care of these patients. She had as her assistants six hospital corpsmen. These hospital corpsmen had been carefully trained in the care of the sick and it was really wonderful to see how well most of them performed their duties and how kind they were to their "sick buddies," as they called them.
>
> I remember so well one young boy, about seventeen, who was very ill with pneumonia. He said to me, "Nurse, won't you put some lard and turpentine on my chest? If I was home, that is what my mother would do and I know it would help my pain." I asked permission of the doctor to grant his request. Two days later he left us,—forever.
>
> Another case that comes to my mind was a boy of eighteen, whose parents were missionaries. This boy ran away from home and joined the Navy under an assumed name. He gave as his nearest relative the name of an aunt, whom he said he lived with and who later proved to be his own mother. When the telegram arrived saying her son was seriously ill, this mother hurried to his bedside, but did not arrive until after he had passed away. It was then we learned the sad story of this heart-broken mother and how she had searched months for her only child without avail; almost the first thing she asked was, "Did he leave me any message?"

Miss Hoag was later assigned to Ward C, the "pus surgical" division. She wrote:

Here we had fifty-six bed patients, suffering from empyema, gangrenous appendices, infected arms and legs and crushed hands and feet. Some of these patients had been in the hospital for months and had grown thin and pale, but still seemed happy and cheerful.

. . . During the spinal meningitis epidemic, we had one building with thirty-six beds; it was divided into two sections by a glass partition. In one half we had our bed patients and in the remaining half we had what were called carrier patients. These carrier patients had never had spinal meningitis, but they were carrying the germ in their nose and throat and transmitting it to other people who sometimes had the disease in its severest form. When the epidemic broke out and cultures were taken of every man's throat at the training station, these men were sent to the hospital for isolation and treatment. In some cases the germ could be killed in six weeks, while in others it took three months. Dr. K., who specialized in this work, had the care of these patients and was untiring in his efforts. He was just as cheerful when called at three A.M. to do a spinal puncture, as he was when called at three o'clock in the afternoon. His labor was well rewarded when in twenty-four hours after starting treatment, he would watch them come out of their delirium and in three weeks' time, leave the hospital to finish their convalescent period at home. Upon their return at the end of four weeks, they were well and strong again.

Newport was a quaint and historic town and the view from the ocean cliffs one of great beauty. The nurses derived much pleasure from walking through the narrow crooked streets and along the cliffs overlooking the rolling surf.

Early in July, 1917, a group of nurses from the Naval Hospital at Newport were sent to the City Hospital at Providence to take a two weeks' course in the technique of caring for contagious cases. Minnette Butler, a reserve nurse at Newport, wrote:

This course was a great help during the months of epidemics which followed. In July a hundred cases of diphtheria developed within one week among the civilian population at Newport. Fearing that the contagion might spread to the training station, our commanding officer offered to assist the city health department. These officials furnished cars and a past assistant surgeon, a nurse and a corpsman were detailed to visit every hotel, bakery, ice cream parlor,

restaurant and dairy in the city and take cultures of all people handling milk. The authorities had reason to suspect that the trouble was coming from the milk supply.

After the city had been "cultured" in this way, they made the rounds of farms outside the city and visited ninety families. In a Portuguese cottage, a seventeen-year-old boy, with a heavy membrane in his throat, was found ill in bed with diphtheria. His mother was caring for him; she also milked the cows and was sending a supply of contaminated milk to many city houses. A constable was placed on the grounds to see that all milk was buried. No new cases developed but had it not been for the prompt and efficient work of the Naval culture squad, an epidemic might have developed which would have proven to be a real crisis.

Fate, however, could not let Newport rest, it seemed, because a terrific explosion occurred soon afterwards at the Torpedo Station. It caused many deaths and maimed, burned and blinded many others. . . .

The permanent Naval Hospital at Chelsea, Massachusetts, was located in broad-winged buildings which crowned the crest of a hill rising from the water-front. Nora M. McQuade was one of the nurses assigned to duty early in the fall of 1917 there. She wrote:

My first detail was to a busy surgical ward with a staff of one regular Navy nurse and six hospital corpsmen. It was a shock to me to see those young men doing the things I had been brought up to believe were the sole duty of a trained nurse. I felt sure the men were being neglected; still, they looked happy and the ward was beautifully clean. I decided to defer judgment for a little while and it took but a short time for the nurse recruits to absorb the Navy spirit and to realize how important and far-reaching our work really was. Upon the degree of skill with which we taught the hospital corpsmen to care for the patients in our wards depended the degree of skill with which they would in turn nurse the sick men on the ships at sea. It was impossible to have women nurses except on the largest transports.

The expansion of the Naval Hospital at Chelsea was similar to that at Philadelphia and Newport. Miss McQuade wrote:

Day by day we watched new pavilions going up on the reservation. They were badly needed. Then came the strike

and building was held up for weeks. Finally it was settled and the men went back to work. None were gladder than the nurses. The first weeks of our participation in the war found the hospital with an average of 180 patients. Within a year the number had reached 920, with 327 of them assigned hospitals outside the reservation. Extra beds were put in and then cots on which the men were cared for until space was available in the outside hospitals and they could be transferred there. All during the winter of 1917, patients were transferred in this way as soon as the acute stage of their illness had passed. This system made the nursing service difficult all the time; we always had acutely sick men.

During that first winter "Type 4" pneumonia with the complicating organism, hemolytic streptococcus, which proved so fatal, was prevalent. Many of these patients who survived this infection, later developed empyema and were in the hospital for months at a time. These men required infinite care and patience. Their appetites needed coaxing, their minds needed diverting,—for they fretted against the length of inactivity,—and their bodies, especially their poor backs, needed and received constant attention. If we could have had the same corpsmen with us all of the time it would have been easier for us, but we were conducting a training school. As soon as we trained corpsmen to be very useful, they were sent to sea with the next draft.

The Naval Hospital at Chelsea received patients from the transports, from the smaller Naval craft operating about the big Boston Harbor Yard and from the various training stations near Boston such as the Radio School at Cambridge and the Aviation School at the Massachusetts School of Technology. "One of my first troubles was with Navy regulations and parlance," wrote Miss McQuade. "The Navy 'paper work' was a new and difficult task and the language bewildered us. How were we to know that 'squil gee the deck' meant to polish the ward floor?"

Outdoor wards were opened at Chelsea on June 1, 1918, and the transfer system was largely discontinued. Miss McQuade wrote:

> The summer months were busy ones. The Navy men who had become ill on the other side were being returned to us, the training schools were growing larger and sending us more patients, and the military situation in Europe was daily

becoming more critical. It was an anxious as well as a busy time for all of us.

One day toward the last of August we were told an epidemic had broken out among the men of the receiving ship. It was influenza, they said. The word did not mean much to us that lovely August afternoon as those of us off duty made beds in an empty ward. That night, during which sixty-seven sick men came in, was the beginning of the influenza epidemic that has become history. We worked as we never worked before. The influx of patients, the calls for extra nurses, the illnesses of the staff, the deaths, all were repeated later in other hospitals but to those of us who experienced the initial outbreak when the disease and its treatment were unfamiliar to all, this trying period has left a memory that will not fade for many years.

Navy nurses were assigned in November, 1918, to the Marine Station at Parris Island, South Carolina, to nurse influenza patients. Myrtle Gilmore Chandler, head nurse of the Naval Station Unit No. 11, wrote:

Parris Island is the most interesting one of a large group of islands in Port Royal Sound, South Carolina. It is a long narrow strip of sea-sand which is held in the wild rice and reeds. Bleak and desolate it looked when we ten nurses arrived at the dilapidated dock; a few scattered buildings, thousands of tents and rough clay roads, with a covering of oyster shells, greeted the eye.

The Naval Hospital, which was a rambling, white, two-storied building on the water's edge, had had only corpsmen in attendance upon the patients and medical officers to direct their work. Being the first nurses ordered to this Post, we naturally felt it was quite an adventure and tackled the work with enthusiasm.

Our first patients were suffering from influenza. After some weeks the epidemic abated and we then had many surgical cases. . . .

During the spring a large addition to the hospital was built; across the street the nurses' new quarters was completed and it was a joyous day when we moved in. Instead of sharing a dormitory, each nurse had a delightful room to herself. . . . Numerous large barracks were opened, many officers' quarters and recreation huts were built, among them a very fine Red Cross building nicely arranged for reading, games, music and dancing. It seemed as if a veritable small city had sprung up almost over night.

Paving of the roadways was one of the most appreciated improvements. "The Island was so near the sea-level," wrote Miss McQuade, "that previous to the road-making, small creeks had oozed their way here and there with every rising tide and they left us no choice but to wade through them. Then when the tide receded, the mud was alive with a huge army of small crabs."

Of the permanent Marine Barracks, Miss McQuade wrote:

> The Marine Post had in 1919 a large main station, a quarantine camp, a training camp, an aviation field and school and a sea-going depot, with thousands of Marines in training there. There also was maintained a large Naval disciplinary barracks.

Parris Island was a place of great beauty in the spring and summer. Miss McQuade wrote:

> The winter storms subsided and spring announced itself by covering the once barren and bleak island with a carpet of emerald swamp grass; here and there in profusion grew lovely swamp violets and lilies and later the wild honey-suckle trailed over the fences in masses of perfume. We explored the farther end of the island and found an ideal spot where palms and palmettos grew under the huge spreading oaks and the light gray Spanish moss hung and swayed in graceful festoons from the wide branches. We often had picnics here on summer days.
>
> Beaufort, the palatial old Southern town famous before the Civil War for its hospitable people and beautiful homes, still retains its old time hospitality. As it was only forty minutes by motor boat from the island, we spent many delightful hours there. We had many diversions of our own,—tea at General Pendleton's every Friday; dancing and motion picture shows; tennis, for the Marines had brought clay in barges and built a court behind the nurses' quarters; swimming and horseback rides along the hard, white sand beaches. At one side of the island the Government had set aside a tract of land for the negroes who had previously been scattered about. Here they lived in their cabins amidst the cotton fields. As we cantered by on horseback during the Southern twilight, we could hear the thrumming on the banjoes and the negro melodies floating out on the still air.

At the Naval Training Camp, Great Lakes, Illinois, was located one of the largest Navy base hospitals in the United

States. Beatrice Bowman, supervising nurse of Unit D of the Red Cross Mercy Ship Expedition of 1914, was chief nurse of this Navy base. She wrote:

> This hospital went into commission in May, 1917, but drew its quota of patients from a comparatively small number of men at the training stations. Since last summer, however, it would seem that an electric button had been touched and as a result many units sprang into existence, over farms and the great plain. Prior to August 26, 1917, one large brick building and a group of tents in which the sick were cared for, filled the park in front of the hospital; in January, a village of more than fifty building units was in full working order. Twenty-nine of these units are each a complete hospital, with quiet rooms, diet kitchens, offices and lavatories. In addition to the hospitals proper, modern laundries, nurses' quarters, hospital corps barracks, civilian employees' barracks, garages for ambulances, trucks and jitneys, a complete water and sewage system and many miles of cement roads have been built.

Bernice D. Mansfield was assigned in July, 1917, to duty at Great Lakes. She wrote:

> Eleven of us arrived at Great Lakes about midnight on July 7, and found that they had been looking for us for some few days, but had only that day succeeded in finding a place to quarter additional nurses. . . . At that time there was the one hospital building, just as there had been before April 6, 1917. As the training station was rapidly increasing, the hospital was keeping pace and new buildings going up all about but as yet were in a state of incompletion. To accommodate the number of patients, all available space in work shops had been utilized and tents were in use all about. It had been a cold rainy spring and mud was very much in evidence around the tents, as roads up to that time had not been completed.
>
> In one building which was later used for an ice plant, the patients had cots but no chairs or lockers or bedside tables. The first thing we saw on entering was the men's clothes lying among the sputum boxes and pus basins, just as they had been dropped when taken off by the wearers. "Where shall I begin?" was the nurse's first thought. The patients called to us: "Oh, nurse, I am so glad you have come, we haven't had any nurse before. Can I have this? Will you get me that?" The first thing we did was to have the clothes folded and tied together, labeled with the patient's name and

tied to the head of his bed; when the clothes were all off the floor, the room looked as large again and we felt as though we could reach the patients to do something for them.

An epidemic of contagious diseases broke out at Great Lakes during the summer of 1917. Miss Mansfield wrote:

> Into our already overcrowded hospital, we took in two hundred additional patients in twenty-four hours. . . . A new colony of tents went up "on the front lawn" and the main hospital was emptied and made ready for the new comers. As long as they were in bed, we had no trouble but as soon as they were convalescent, eternal vigilance was required to see that they did not get out and into other camps with which the main building was surrounded. Many of the hospital corpsmen were young and inexperienced and certainly the patients were young and inexperienced too!
>
> In the meantime, new hospital buildings were being finished and equipped. As soon as one ward was ready, patients were moved from tents into it.
>
> Evidently the infectious diseases of childhood had never gone through that body of recruits before they entered the training station, for there were continually epidemics of measles, chicken-pox and mumps. The tent colonies grew to accommodate the increasing number of patients. One group of tents was put up just opposite the cemetery. At first there were no lights about the grounds here and the nurses on night duty would stumble over the ropes from tent to tent, keeping one eye on the cemetery. Even the bravest ones found it a bit lonely in a dark isolated camp with a spot light the only source of illumination.
>
> The sewerage in the camps was taken care of as rapidly as possible, but unless a nurse has gone through the experience of caring for infectious diseases in a temporary camp where there is no sewerage and flies are abundant, then she has something to look forward to! In the mess tents, there was an electric plate which was used to heat water and nourishments, but the task of washing dishes for forty or fifty men who were ill with an infectious disease and only an electric plate to heat the water, seemed at first to be beyond accomplishment.

Great Lakes Training Station increased from a peace capacity of two thousand men to a war capacity of fifty thousand men. The Naval Hospital was enlarged from one hundred to twelve hundred bed capacity.

The Bureau of Medicine and Surgery maintained four Naval Hospital Corps Schools. The one located at Great Lakes was the largest of these; it had a normal capacity of three hundred, with an emergency capacity of three times that size. The greatest number of students registered at one time was 2200. The three other schools were established at Newport, R. I., San Francisco, Calif., and the Naval Operating Base, Norfolk, Va.

The Bureau of Medicine and Surgery received offers of assistance in the training of hospital corpsmen from various universities and three of these were accepted. A four months' course for one hundred men at the Medical and Dental Schools, University of Minnesota; a six-weeks course for three hundred men at the College of Pharmacy, University of New York; and a three-months course for one hundred and fifty men at the Philadelphia College of Pharmacy were given. Willard Connely, a nurse of the United States Naval Reserve Force, who was on duty at the University of Minnesota, Minneapolis, Minn., wrote:

> It is a new experiment for sailor students to be admitted to a medical college, as it is a new and essentially valuable war work for nurses to assist in training these Navy men. . . .
>
> For the first month of the four months' course, the teaching is confined to the medical school, including the institute of pathology, the college of dentistry and the institute of anatomy. There are lectures and recitations, then supplementary experience in the laboratories and dispensaries. It is held that this preliminary knowledge is indispensable if the corpsmen are to grasp comprehensively the fundamentals of practical nursing as given at the University Hospital during the three final months. During this time, the men have a course of lectures and experiment action in pharmaceutical chemistry, minor surgery and first aid, anatomy (with weekly practice in dissecting), physiology, and hygiene, bacteriology, and the principles of dentistry in normal conditions.
>
> When the nursing instruction begins the advanced cor relative training in the foregoing subjects is given chiefly in the mornings, while one or more divisions of the sailors (five divisions of twenty minutes each) are engaged in hospital work. Throughout the afternoons this teaching is directed by Louise M. Powell, superintendent of nurses, by Marion Vannier, assistant supervisor, and Gertrude Thomas, die-

titian. They are aided by a staff of head nurses and undergraduate nurses, and the latter also help at the medical school clinics where the sailors obtain practice in diagnosing and treating cases in dermatology and eye, ear, nose and throat.

The course in bandaging, conducted by Miss Powell, is in six lessons, each lesson covering one and one-half hours. . . . In a room at the University Hospital, Miss Vannier gives ten demonstrations in practical nursing. After observing each Monday the methods employed, the corpsmen put in the rest of the week in the class rooms or wards where, in sections of five or ten, they receive individual supervision, at the hands of the assisting head nurses. The demonstrations are given before fifty men at a time, in periods of one and one-half hours duration, and after some ground has been covered, demonstration quizzes too are held, to check up the work which has been carried on in the wards.

The ten lessons in practical nursing included instruction in the theory and technique of the simpler methods of nursing procedure. The lessons were thorough and together with the practice gained in the wards of the University Hospital, gave future corpsmen an excellent working knowledge of the treatment to be given for all the common ailments and for emergencies arising on shipboard.

Grace Kline, a nurse on duty at the Naval Training Camp at Charleston, South Carolina, wrote that one of her pupils had said, on completion of a detail given him to clean up a ward: "Gee, I'm glad my mother can't see me now, or she'd fire the hired girl when I get home!"

On the Pacific Coast a large Naval station was located on Puget Sound and another at Vallejo, Mare Island, California. Annie Miller was one of the nurses on duty at Mare Island Naval Hospital. She wrote:

The sun was shining as it shines in few places outside of California, when from the deck of the ferryboat, on a June morning, 1917, we caught our first glimpse of the shores of Mare Island.

At Vallejo we left the ferry. A Marine guard looked over our orders and allowed us to board the tug for the island. Arriving there, we were again accosted by a guard and asked to show our passes. Another guard was instructed to take us to the office of the commandant. I remember thinking how nice of them to go with us and show the way instead of simply

pointing it out. After having lived on the island awhile and grown more accustomed to the military routine, it dawned upon me that the guards had no thought of being "nice" to strangers, but we were simply under guard until passes could be secured for us.

Arriving at the nurses' quarters we were shown to our room. Yes, I mean it in the singular. We had four other roommates besides. The room had once been used as a gymnasium for the nurses; but after war was declared the expansion at this station had been very rapid and all available space had to be pressed into service to accommodate the overflow.

So we dubbed our room "the tenement" and while nurses are supposed to be exacting, I have always been rather proud of the fact that we proved we could live together in those close quarters, not only amicably, but very pleasantly.

During the European War, nurses rendered many types of service which differed greatly from the medical and surgical nursing they had expected to do. Miss Miller's assignment was no exception to this rule; she wrote:

I was told to take the place of housekeeper at the nurses' quarters. The rest of the nurses in the detachment with me seemed to find this quite amusing and to this day I am still addressed as "Housekeeper" by some of them.

My experience with servants had been confined only to the colored ones of the South, so that I approached the Chinese here with considerable trepidity. I found them very willing to work, but also found they had to be handled with care. Old Louie, the cook, had a disconcerting way of saying, "No savvy, no savvy," when it was to his advantage not to understand the point under discussion.

One Sunday we had planned, as a part of the menu, plain ice cream to be served in cantaloupes. I had tried to instruct Louie and while he pretended to understand, I had an uneasy feeling that all was not well, so came back later to investigate. Not finding the cantaloupes in the refrigerator, I called to Louie to know where they were. "In the lice cream," he calmly replied. It was true. He had in some way contrived to reduce those cantaloupes to a pulp and combine them with the cream in such a way that it was smooth as velvet and delicious. After that, cantaloupe ice cream was a favorite with us. In Louie's own vernacular, it was "more better" than ordinary ice cream.

Though housekeeping on Mare Island must often have seemed only a monotonous routine of uninteresting details compared to front line nursing in France, life on Mare Island was not without the thrill of danger. Miss Miller wrote:

> The day of the explosion of the black powder magazine stands out vividly in my memory. It occurred at eight in the morning, just as the day nurses had gone on duty and the night nurses were being relieved.
>
> The chief nurse and I had gone into the kitchen to instruct as to the menu for the day. I think I was more puzzled than frightened, even as I felt the floor rock under my feet and saw the swaying chandelier and falling plaster; for at that time, even if I knew there was a magazine on the island, I did not grasp the possibilities of what might occur.
>
> Louie caught hold of the table and began crying and, I presume, praying, in his own language. The chief nurse turned to me with an expression I have never forgotten and simply said, "The magazine!"
>
> We ran to the door, but finding it completely jammed, rushed to another and out into the yard, to see only a cloud of dust and smoke in the direction of the magazine that told the story. Everyone, including afternoon and night nurses, hurried to the hospital to render what aid they could in caring for the injured. Only I had to remain behind and try to keep the frightened Chinamen at their work. All that long morning I helped Huey, the house man, whose work that day was more than one person could have accomplished. I swept fallen plaster and broken glass, while he shoveled it up and carried it away. And together we picked up and replaced books, pictures and other fallen articles and succeeded in cleaning the house, that the tired nurses who had done the actual work with the injured, could rest when they came to lunch.
>
> California is a long way from France, but even there one could have the satisfaction of knowing that their small bit was helping in the struggle. Often when we went down to the docks to watch a detachment of marines leaving, nurses would recognize among these sailor-soldiers who were afterwards to make history on the fields of France, boys whom they had helped back to health.

The rigid entrance requirements of the Navy Nurse Corps, the limited size of the Navy and the responsible nature of the nursing service demanded of members of the Nurse Corps, which consisted so largely in the training of hospital corps-

men, tended to promote an excellent morale and *esprit de corps* among the nurses of the Navy. However, in many isolated naval stations life for the nurses was undoubtedly monotonous and lonely just as it was in the case of Army nurses at cantonment and camp hospitals remote from recreational facilities. A ruling that members of the Navy and Army Nurse Corps should not associate with enlisted men—a regulation issued in the interest of discipline—was the cause of many complaints. The following letter was written by an American Red Cross nurse in Naval service on the Pacific Coast:

> Everyone here likes the work, but we have no recreation except the movies or a trip to—(the nearby city). Of course that costs so much that we can't go very often on a $60. a month salary.
>
> When you work only eight hours, you have got to do something the rest of the time. I read and knit and sleep but that gets rather monotonous. If we could only play tennis or swim or do something! We had a court but they built new wards on it. They are going to build us another when they get around to it.
>
> We are so entirely out of everything here. Of course, we are never allowed to go to anything where there are enlisted men, and the officers' families won't have us at their parties. We don't mind this, but we certainly would like to talk to some one who wasn't a nurse. Our chief nurse is very good to us and gets up little parties where we dance and sing with the same girls we work with all day. I have thought if I had happened to be a stenographer, I could have served my country at Washington and still not have been a social outcast.
>
> There is such a grind of petty detail on the ward that we lose sight of the fact we're at war. We were invited to a big Christmas dance where even the commandant took his family, but we could not go because nurses must not associate with enlisted men. I am twenty-eight years old; I wonder how the younger girls just out of training school stand it! We haven't even thought of doing something romantic to keep us going. There's nothing heroic in caring for measles and mumps.
>
> Now I'm not going to resign. I'll stay here or any other place where I am needed just as long as I am wanted, but never in my life have I been so blue and lonesome. Everyone is so nice to the "boys in the service." Why do they never think of the girls?[9]

[9] American Red Cross Bureau of Archives.

Reasons for this ruling were set forth by Miss Kline, an American Red Cross reserve nurse in service at the Charleston Navy Yard:

> The status of the nurse, officially, is that of a head nurse in a civil hospital. Professionally and socially she is rated as an officer. It is difficult for the nurse to understand the justice of this ruling at first, when some of the finest timber of our young manhood is of the enlisted personnel. Her own brother, friend and sweetheart may be among them, and why, when she has no rank, should she be subjected to officer's regulations? When she considers that the mere restriction is a recognition of rank, though ever so meager, she usually realizes that it is of too much professional value to treat lightly. In civil life an intimate friendship is not desirable with one's patients; so in military circles, reserve is a safeguard. Most of the patients are of the enlisted personnel. Cordial relations are desirable and possible, and the nurse is the confidant and advisor. The men are responsive creatures, sensitive to their environment, though stoical when "balled out" and appreciative of the least interest evinced in their welfare. The opportunities for personal influence are enormous and the nursing care is often a minor part of the nurses's duty.[10]

A fine devotion to duty, evident even in the letter of complaint quoted above, prevailed at the Naval hospitals. For almost all the nurses in the Navy Corps, war service meant far more than the mere routine of daily hospital duty and the nurses gave willing, skillful and patriotic service. Consciously and unconsciously, they derived inspiration from their surroundings. The infectious eagerness for ocean duty which was shown by the young boys who made up the greater part of the new Navy, the sight of gray battle craft anchored in the harbor at sunset but which went out again perhaps in the turning of a tide, the play of searchlights on the water, the hum and the crackle of the wireless, the very patients who came back sick from exposure to the rigors of the open sea, gave meaning and purpose to the life of Naval training camps or station hospitals. Josephine Trippett, Naval Reserve nurse in service at Pelham Bay Training Station, New York, wrote in the Military Number of the *Journal*:

> . . . And then there are times when one is deeply moved and is brought to a realization of the meaning of this and

[10] *American Journal of Nursing*, Military Number, p. 671.

> all other places of its kind. Watch the sailors being shipped. They pass out of the gate, their sea-bags on their backs. No one speaks; their hearts are too full. We listen to the muffled sound of many feet marching solemnly along the road. For a mile one can see the wide, dark line and hear the rhythm and jangle of the rifles.
>
> . . . . . .

On May 4, 1917, a destroyer and patrol fleet of the American Navy, under the command of Rear-Admiral William S. Sims, arrived in a British port. Admiral Sims had been appointed as the commander of American Naval operations overseas and this destroyer and patrol fleet was the first unit of the American Navy to go abroad. Later, five thousand officers and seventy thousand enlisted men saw active service in foreign waters.

During the spring and summer of 1917, the losses of merchant ships by reason of German submarine activities became so great that, at the suggestion of President Wilson, the United States adopted the convoy system of transportation. This meant that large numbers of troops and supply ships were gathered together and sailed at regular intervals along established sea-lanes, under naval protection. Armed cruisers, smaller cruisers and later old battle ships, accompanied the convoys to protect them from raiders; destroyers went along to protect them from submarines. Of the 7,500,000 tons of cargo carried to Europe, the Army lost only 200,000 tons and no American troop transport was sunk on its voyage to Europe.

The destroyer, with its depth bombs, proved to be an effective craft in anti-submarine warfare. A submarine attack which took place in July, 1918, was described by Dr. Howard Kennedy Hill, of Philadelphia, Pennsylvania, a surgeon who served under the American Red Cross in France:

> We were told that we would pick up destroyers at a certain hour. Exactly on the minute, although it was foggy and rough, we saw a little American flag emerge through the fog and we later counted seventeen destroyers in all, two of them the fast 42-knot type.
>
> The next day at three o'clock in the afternoon, when the sea was as sunny and quiet as a millpond, we suddenly saw a tremendous explosion some four miles to the south and immediately felt the concussion of a bomb against the side of our boat, like the pushing in and out of a tin pan. The destroyers then began a systematic dropping of depth bombs

> which are supposed to at least injure a submarine if within a radius of four hundred yards. The rumor immediately spread through our boat that the destroyers had sunk five submarines. We were all sure that we saw one black mass rise in the air. That evening the British Admiralty officially confirmed the destruction of four.

American destroyers and submarine chasers had their bases at Queenstown, Ireland. Battleship Division Six was based on Berehaven, Ireland, in readiness to meet and escort transports and supply ships. A submarine patrol off the west and south coasts of Ireland was also maintained from Berehaven.

A second major enterprise of the American Navy was its participation in Allied Naval activities in the North Sea. Battleship Division Nine of the Atlantic Fleet under the command of Admiral Rodman, constituted for nearly a year the Sixth Battle Squadron of the British Grand Fleet, which was directed by Admiral Sir David Beatty. A mine barrage was laid by the Allies from Scotland to Norway. By thus closing the North Sea, the Allies denied enemy submarines free access to the Atlantic Ocean from German bases. Secretary Daniels wrote:

> More than 50,000 American mines have been laid in strategical areas in European waters. The Navy has taken part in and actively laid 80 per cent of the great mine barrage 230 miles long, from Scotland to Norway; a total of 56,439 mines have been laid, all of which were designed and manufactured by the United States and transported and laid by the United States Navy.

Rear Admiral Strauss was in charge of the American mining activities in the North Sea. Two mine bases were established overseas and a personnel of over 6700 men were engaged in mining activities.

Conveniently near the Sixth Battle Squadron and the Mine Bases was the American Naval coaling base at Cardiff, Wales, from which coal was secured for the Atlantic Fleet and for the American Expeditionary Forces in France.

There were other American Naval activities in foreign waters. A force made up of destroyers, gunboats, cruisers, yachts and Coast Guard cutters which were based on Gibraltar performed twenty-five per cent of the ocean escort duty between Gibraltar, France and Italy, and seventy per cent of the ocean

escort duty between Gibraltar and England. A temporary American Naval base for submarine flotillas was established at Ponta Delgada in the Azores.

The American Navy maintained four thousand hospital beds in Europe for the care of its personnel engaged in the various activities briefly mentioned above and also for the care of the United States Marine Corps in France. The major portion of these beds were furnished by the assignment to foreign service of the five base hospitals which the American Red Cross had organized and equipped for the American Navy. Two of these hospitals were assigned to duty near Edinburgh, Scotland, a third at Queenstown, Ireland, and the remaining two at Brest, France. Small hospitals and dispensaries were established in Great Britain and in France by the American Red Cross and were later taken over by the Navy. Other hospitals, dispensaries and sick-bays were staffed by Navy surgeons and hospital corpsmen at Plymouth, England; along the French and Irish coasts; at Ponta Delgada, Azores; at Gibraltar; at Corfu and at Genoa, Italy. This brief mention is all that will be made in this history of these dispensaries and sick-bays, as no American Red Cross nurses saw active service in them.

Five American Naval hospitals were maintained in Great Britain during the European War. Three of these were United States Navy base hospitals and the other two were institutions established by the American Red Cross and later turned over to the Naval authorities. Similarly as with the Army, the American Red Cross in Great Britain formed an emergency arm of the American Navy; its nurses rendered service to the first American soldiers to be torpedoed by German submarines.

On the evening of February 5, 1918, His Majesty's troopship, *Tuscania,* with convoy and escorting destroyers, approached the entrance of the North Channel. A German submarine pierced the ring of destroyers, fired on the *Tuscania* and the torpedo struck her on the starboard side. She immediately listed deeply. The 2500 American soldiers who were aboard were ordered to the boats and the British destroyers and patrols of the North Channel stood by and many hundreds of her company were rescued by them.

The life boats on the *Tuscania's* port side had been uninjured, so other American soldiers rowed away in them as she sank. The swift out-flowing tide and the bitterly cold wind caught the boats and life-rafts and drove them toward the

rocky shores of the Isle of Islay. The bodies of 182 of the *Tuscania's* company were flung ashore.

Many of the lifeboats, however, were brought safely to land but the survivors were in a desperate plight from exposure. Along with other Red Cross personnel, a detachment of Red Cross nurses from American Red Cross Military Hospital No. 4, Mossley Hill, Liverpool, were immediately hurried to Islay to care for these patients. This detachment arrived in record time, tended the soldiers and finally accompanied them to the Army hospital at the American Army Rest Camp in Winchester, England.

Soon after the sinking of the *Tuscania,* United States Naval Base Hospital No. 2 arrived in England; on March 1, 1918, it opened a Naval base hospital of six hundred beds at Strathpeffer, Scotland.[11] This Naval unit had been organized by the American Red Cross from personnel of the Lane Hospital, San Francisco, California. Dr. Stanley Stillman was the director, and E. Elizabeth Hogue, the chief nurse. Miss Hogue was a graduate of the California Training School for Nurses, Los Angeles, California. After extensive executive experience in several California institutions, she became in 1914 superintendent of the School of Nursing of Lane Hospital. Two years later she organized the nursing staff of Naval Base Hospital No. 2, and in the autumn of 1917 went with her unit into naval service in the United States. Foreign assignment followed.

The location of Navy Base Hospital No. 2 was in a picturesque spot, for the little Scotch town of Strathpeffer lay in the environs of Inverness at the head of the long fingerlike Cromarty Firth. Navy Base Hospital No. 2 received patients from Mine Bases Nos. 17 and 18, and from the Sixth Battle Squadron.

The second American Naval hospital to be established in Great Britain was placed in London by the American Red Cross for the care of officers and men of the American Naval Headquarters at London and of naval craft from the immediate vicinity. Aldford House, the residence of the Honorable Mrs. Frederick Guest, was taken over by the Commission to Great Britain and was opened as a hospital June 13, 1918. The house, which covered an entire city block in Park Lane, had formerly been used as a hospital for British wounded and had

[11] "Report of the A. R. C. Commission for Great Britain, Part I, Hospitals:" p. 12.

a capacity of fifty beds. A Navy surgeon and staff were assigned to duty there and shortly afterward the Navy took over its entire management, raised the bed capacity to seventy-five and maintained it as a Naval Hospital.

Miss Hall, one time chief nurse of the American Red Cross in Great Britain, wrote:

> Catherine Taylor, a Canadian woman, an American Red Cross nurse and a graduate of St. Luke's Hospital, New York City, was chief nurse of Aldford House and remained in charge there until the hospital was taken over by the Navy and staffed with a unit sent out from America by the Navy Nurse Corps on September 10, 1918.

The third American Naval hospital to be established in Great Britain was U. S. Navy Base Hospital No. 3, which was assigned to duty at Seafield Leith, near Edinburgh, on the Firth of Forth. Like Navy Base Hospital No. 2, this unit had been organized by the American Red Cross from the personnel of a western hospital, the California Hospital, Los Angeles, California. Dr. Rea Smith was the director and Sue Sophia Dauser was chief nurse.

Miss Dauser was graduated in 1914 from the California School for Nurses, and for two years was head nurse on the surgical department. Anne A. Williamson, superintendent of nurses of the California Hospital, had organized the nursing staff of Navy Base Hospital No. 3, but Miss Dauser, after instruction at the Naval Training Camp at San Diego, led the nursing unit into foreign duty. She wrote:

> United States Navy Base Hospital No. 3 mobilized at Philadelphia during the month of December, 1917. Until August 1, 1918, the nurses did temporary duty in and near Philadelphia. On August 1, 1918, we embarked from New York on the British transport H. M. S. *Mandingo* for Halifax, where we joined a British convoy of twenty-one ships. Seven of these ships were transports carrying troops; the rest carried freight.
>
> We arived at Liverpool, August 15, 1918, and by train arrived at Edinburgh, Scotland, early the next morning. The hospital we took over had been under the British Admiralty for four years. In anticipation of the change, the British Admiralty transferred all the enlisted men patients to Glasgow, but there remained about fifty officer-patients.

> The building in pre-war days was a poorhouse. It was well built and so arranged as to adapt itself most conveniently for a hospital, and afforded ample room for seven hundred and fifty patients. The British hospital equipment was established in the building and all of our own equipment had arrived there before us. We installed our own and accepted enough of the old to enable us to carry about seven hundred and fifty patients. We found our own equipment more convenient. For instance, our beds were the high white hospital beds; the old ones were low black iron cots. We also had enough white paint with us to paint the walls, which had formerly been bright and striking colors.

The nurses of Navy Base Hospital No. 3 were assigned to comfortable and attractive quarters. Miss Dauser wrote:

> The nurses lived in a building that in pre-war days had been one of the best hotels in the suburbs of Edinburgh, and was about three miles distant from the hospital. A large bus, similar to the Fifth Avenue buses, New York, made regular trips between the hospital and nurses' quarters. This stretch of three miles was considered one of the most beautiful drives from Edinburgh. We were, as we always put it, "loaned to the British Admiralty" and in spite of four years' hardships in England and Scotland, they seemed willing and eager to give us the best of the country in appreciation of our services to their wounded.

United States Navy Base Hospital No. 3 was located in Edinburgh to take care of patients sent from the Grand Fleet, which was then operating in the North Sea. Miss Dauser wrote of the sick and wounded who were sent to this big American base:

> The hospital was open to the four military organizations, the British Navy and Army and the American Navy and Army. The majority of Naval patients were influenza cases, but bluejackets were only a small per cent of the number of patients we cared for. Something like seventy-five per cent of the capacity of the hospital was held for the British Army; even this did not seem sufficient and the wounded would overflow this percentage most of the time. These patients came to us in convoy trains. They had been taken off the battlefields about three days before, and had nothing more than First Aid at the field stations. Just as soon as we reported pa-

tients on the convalescent list, they were transferred to some convalescent home, and the space given to new patients arriving from the Channel ports.

During the entire stay of United States Navy Base Hospital No. 5 at Edinburgh, Scotland, we were extremely busy. Every nurse of the entire nursing staff seemed to completely lose herself to her ward and ward-work. The spirit of the wounded was a great inspiration. I do not remember of ever having heard a complaint, no matter how trivial, from a patient.

The Naval coaling base for the American Navy in foreign waters and for the American Expeditionary Forces was established at Cardiff, Wales, as has been stated in this chapter. Seventeen American colliers carried Welsh coal taken from the mines near Cardiff to the Atlantic Fleet in the North Sea; eighty-two other American government vessels which were known in the Navy as the "Suicide Patrol" because of their constant trips through the mine-infested Channel, carried coal from Cardiff to Brest, Bordeaux, Nantes, and St. Nazaire for the use of the American Expeditionary Forces in France. Over two thousand bluejackets were based on Cardiff. To care for cases of influenza and pneumonia among these sailors, the American Red Cross established on October 7, 1918, a hospital and dispensary in Park Place, Cardiff. Three houses adjoining a large disused aeroplane factory which served as a Red Cross Club and dormitory for American sailors, were fitted up. Six American Red Cross nurses were detailed to service there and with a Navy surgeon and several hospital corpsmen, cared for a daily average of forty bed patients and one hundred dispensary cases. The following summary of their activities has been given:

So active was the port of Cardiff that while the Red Cross was on duty there, more than 100,000 American bluejackets and Naval officers entered, passed through, or were attached to the base. Of these, the American Red Cross gave service of some type, to more than eighty per cent. It cared for 374 patients—250 of them "flu" cases—in its own hospital, only nine of whom died, and for 267 in the Navy's sick-bay at base headquarters. At the Red Cross dispensary 3600 sailors received treatment.[12]

[12] "The Passing Legions," G. B. Fife, p. 299. The Macmillan Co.

The American Red Cross Hospital at Cardiff, Wales, was taken over by the American Navy a few weeks after its establishment. Its capacity was raised to two hundred beds and it was maintained as a naval hospital as long as Cardiff was used as a coaling base.

The last American Naval hospital to be established in Great Britain was United States Navy Base Hospital No. 4, which had been organized by the American Red Cross from personnel of the Rhode Island Hospital, Providence, R. I. Dr. George A. Mattingly was director, and Grace McIntyre was chief nurse of this unit. Miss McIntyre was graduated from the Boston Lying-In Hospital and for twelve years did private duty nursing. She was a student of the Department of Nursing and Health, Teachers College, for two years, and then returned to her alma mater as superintendent of nurses. She later became assistant superintendent of nurses of the Rhode Island Hospital and was subsequently appointed chief nurse of Naval Base Hospital No. 4.

After service in various naval training camps and stations in the United States, the nurses of Navy Base Hospital No. 4 were mobilized September 12, 1918, in New York. Miss MacIntyre wrote:

> We sailed September 23 on an English ship, the *Briton*. The personnel on board consisted of 2200 troops and of 60 women, including our nurses and a group of Red Cross workers. A dirigible balloon and a group of airplanes accompanied us out of the harbor until we met our convoy which consisted of fourteen troop ships, one cruiser which went ahead of us, one battleship which guarded our rear, four destroyers and eight or ten submarine chasers which left us the second day out. This convoy carried about 30,000 troops in all.
>
> The position of the ships was interesting. During the day they separated so that they were barely perceptible to each other, but at retreat they came together like a hen with a brood of chickens.
>
> On October 2, three submarines were sighted. On October 6, a wireless was received announcing that a submarine was after the *Briton*. While at dinner that evening, we received a terrible shock. One of our own ships, the *Paulding*, rammed us, destroying one of our life-boats and tearing away a portion of the rail from one of the decks. When this happened, perfect silence prevailed in the dining saloon. A general pale-

> ness was on everyone's face, as we all felt that we had been torpedoed. Our ship soon righted herself and happiness permeated the room again.

Spanish influenza broke out among the troops on the *Briton* and the nurses of Navy Base Hospital No. 4 volunteered their services. Miss MacIntyre wrote:

> . . . The medical officer in charge of the sick men invited me to inspect the patients, men from the 319th Regiment of Engineers, from California. On the promenade aft deck were about thirty sick men, lying on the deck with nothing under them but a canvas hammock or a blanket serving as a mattress. They were so close together that one could hardly pass between them.
>
> Within forty-eight hours, one hundred and sixty cases had developed. Some of these men were running high temperatures and many of them were in great pain. At first the very sick patients were cared for in the sick-bay, but were later taken to the decks of the ship where fresh air surrounded them and where more room was available. As the voyage lengthened, the weather grew more severe and the sea more rough. The decks were often washed by the waves and our sick men drenched to the skin. The patients were then moved into the officers' smoking saloon and into the main saloon of the ship, where we were able to make them more comfortable.

Colonel Otwell, in command of the 319th Engineers, wrote:

> The sick report of the troops on board . . . jumped from 6 to 160 in forty-eight hours. Seeing the danger, Miss MacIntyre and her co-workers . . . volunteered their services, with the result that what was chaos (there being practically no accommodations or facilities on board to care for such numbers) was handled in what I consider a most admirable manner under the circumstances. They have worked night and day in the cold and damp, on decks that were being washed by seas, without any lights whatsoever, exposed to the dangers of contagion with a deadly malady and they have rendered these services most cheerfully. . . .[13]

The docking at Liverpool was impressive. Miss MacIntyre wrote:

[13] Report written October 7, 1918, by C. W. Otwell, Commanding Troops on Board H. M. T. *Briton*, to the Commanding Officer, U. S. Navy Base Hospital, No. 4, Queenstown, Ireland.

As there were twenty-one miles of docks, it took us several hours. We passed ships of men in our familiar khaki uniform who exchanged enthusiastic greetings. Many pleasant acquaintances had been made during our troublesome voyage, caused by the illness of our men and by the extremely rough weather. Colonel Otwell called our group together and spoke most feelingly regarding the work of the nurses, and when he had finished, . . . the ship rang with applause from officers and men.

At Liverpool seven nurses of our unit were detached and sent to Leith, Scotland, and four others to Cardiff, Wales. The rest of us soon entrained for Queenstown, Ireland. . . .

Our hospital was opened thirty hours after our arrival, to meet an emergency caused by the *Aquitania,* which cut the *Shaw,* a destroyer, in half. Several men had been killed and about twenty, I think, injured.[14] Dr. Carpenter, our commanding officer, was much pleased with the manner in which the nurses threw themselves into the work after their strenuous voyages, both across the Atlantic and the Irish Sea. He said: "They all rebounded like rubber balls."

U. S. Navy Base Hospital No. 4 was established at Whitepoint, one of the most beautiful and picturesque spots along the Irish coast. The hospital buildings were the familiar barrack hut which had been brought from the United States. The capacity of the seven wards was two hundred and fifty beds.

The patients which came to Navy Base Hospital No. 4 were largely influenza cases. Miss MacIntyre wrote:

Our patients came from the torpedo base just across the harbor from us, from the Air Station at Aghada, thirty miles from Queenstown, from the Passage Barracks two miles north, from the Air Station and Pigeon Carrier Station at Widdy Island, eighty miles away, and from our own ships in the harbor. There were two large ships, the *Dixie* and the *Melville,* and many smaller boats stationed in the harbor near us during our stay in Queenstown.

Through the worst part of the epidemic, we loaned a few of our nurses to the British Naval Hospital across the harbor at Houlbowline. They had a hospital of eighty beds and only two graduate nurses. However, they had twelve splendid V. A. D.'s. This hospital had cared for our sick men before

[14] "U. S. S. *Shaw* collision with the *Aquitania* October 9, 1918: dead, ten." Report of the Secretary of the Navy, 1918, p. 249. List of injured not given.

> we had arrived and we were only too glad to be able to be of service to them. We also sent two of our nurses to Widdy Island eighty miles away, to care for a few patients who were too ill to be brought to us at Whitepoint. . . .

Three American Naval hospitals, in which Red Cross nurses, and regular and reserve members of the Navy Nurse Corps served, were established in France during the European War. The first of these to arrive in France was United States Navy Base Hospital No. 1, which was attached to the United States Marine Corps. When the Marines were brigaded with Pershing's divisions in the autumn of 1917, Navy Base Hospital No. 1 was assigned to duty with the American Expeditionary Forces at Angers, and later at Brest, France. The second Navy hospital in France was United States Navy Base Hospital No. 5, which served the American Navy based on Brest. The third was established by the American Red Cross Commission near Bordeaux for the care of patients from the Naval forces operating in the waters near the southern port. Sick-bays and dispensaries, staffed entirely by Naval Hospital corpsmen, were located at Lorient and Pauillac and at various Naval air stations along the coast of France.

Navy Base Hospitals Nos. 1 and 5 were mobilized in September, 1917, and embarked for foreign service within a few weeks of each other. Although Navy Base Hospital No. 1 was the first to arrive in France, the experiences of Navy Base Hospital No. 5 will be recounted first because No. 5 was more typically a Naval hospital. As the sanitary unit of the Marine Corps, Navy Base Hospital No. 1 became part and parcel of the American Armies when the Marines were assigned to land duty in France.

United States Navy Base Hospital No. 5 was established in October, 1917, in Brest. The professional personnel of this unit was composed largely of nurses and physicians of the Methodist Episcopal Hospital, Philadelphia, Pa.; Dr. Robert LeConta was director, and Alice M. Garrett was chief nurse.

Miss Garrett was graduated from the Pennsylvania Hospital, Philadelphia, and held various executive positions in the surgical wards there, as head nurse of the operating room and as assistant to the superintendent of nurses, Miss Dunlop. Miss Garrett became superintendent of nurses of the Methodist

Episcopal Hospital in Philadelphia in 1906. She was enrolled in the American Red Cross Nursing Service in 1911 and served as head nurse of the Red Cross field hospital at the Fiftieth Anniversary of the Battle of Gettysburg, 1913. Three years later, she organized the nursing staff of Navy Base Hospital No. 5.

The nursing staff of this unit were mobilized in Philadelphia in September, 1917. Miss Garrett wrote:

> On October 15, 1917, we were ordered to New York by special train. We went directly to the S. S. *St. Louis* and sailed the same afternoon at 5 P.M.
>
> We reached Liverpool, October 24, 1917; at 3 P.M. we left for South Hampton. . . . We reached Le Havre without accident and entrained for Brest, our destination. We spent two nights and one and a half days making this trip which usually takes a few hours.

Navy Base Hospital No. 5 was set up early in November, 1917, in an old Carmelite convent, at Brest. Miss Garrett wrote:

> The building, which was not adapted to hospital use, was divided into many small rooms. The plumbing was of the most primitive kind; water was often a missing quantity. There was no beauty and little comfort in the cold, damp place, yet the patients were happy, appreciating their care and treatment, and they mostly made good recoveries.
>
> With tents and huts in the grounds surrounding the hospital, there were accommodations for six hundred patients, the sick and injured of the Navy. We cared for the men composing the crews of the transports, destroyers, mine sweepers and Naval men stationed in and around Brest. It was *the* Naval Hospital in France. . . .
>
> The work of the Navy Nurse Corps was perhaps not as spectacular as that of the Army, but it was nevertheless just as needful. Our patients were survivors from torpedoed boats or lads who were burned from explosions, or were almost physical wrecks from the hard lives they spent on the smaller craft used as destroyers and convoys. It was always a pleasure to minister to them; their bravery and their gratitude were boundless. To find a hospital with (as the boys expressed it) real American nurses meant more to them than they could tell.
>
> Although there was always enough to do, the work was

harder at times than at others. Whenever we heard of a boat being torpedoed, we prepared for the survivors; our Naval Base was the best equipped on the French coast. Every time the boys went out they never expected to return, so the smaller vessels were rightly called the "Suicide Fleet."

Miss Garrett's report contained the following extract from the diary of one of the nurses of Navy Base No. 5.

April 18, 1918: This morning we had emergency call, sixteen burned cases. The *Florence H.*, a small freight boat belonging to the ——— Steamship Company, was reported to have been torpedoed. The accident (which is now generally believed was caused by a time bomb placed in the engine room) happened one hundred and twenty miles out to sea. The boat had anchored on account of the fog. The cargo consisted of over five hundred tons of ammunition purchased by our Second Liberty Loan. The entire crew was lost with the exception of thirty.[15]

These survivors were frightfully burned; some of them had the ends of their fingers drop off. All were burned on the face, chest and hands. About six are so ill that the doctors give little hope. It is a sad sight to see them all in such horrible pain. The explosion happened at ten o'clock at night, and the crew which brought the survivors in said the explosion lit up the sky like daylight.

July 14, 1918: To-night twenty survivors were brought in from the *Westover*. Four were wounded and the rest were shocked and in a bad condition generally. The boat, carrying munitions, steel, hospital supplies, locomotives, ambulances, etc., was making her maiden trip. She was with a convoy but one of her engines became disabled and she was forced to lag behind, an easy target for German U-boats. Twice the *Westover* was torpedoed, forty minutes apart. She went down at once after the second shot.

The crew took to lifeboats and were afloat from Thursday morning, July 11, when they were struck, until Sunday night, July 14, when they arrived at our base. They were four hundred miles out from the French coast and never sighted a boat until a French sailing vessel picked them up ten miles off shore and brought them in. The captain of the *Westover* was an old salt; he had been in the Merchant Marine service thirty-one years and in the first life boat he had guided them by the stars.

[15] Seventeen men of the crew of the S. S. *Florence H.* were lost. Report of the Secretary of the Navy, 1918, p. 240.

They had a little hardtack and a small amount of water, but as they did not know how long they might be at sea, they used very little of this supply. It had poured rain for two nights and days, and they had no protection whatever. They sang all the way "Pull for the shore, sailors, pull for the shore." They arrived at Brest, cold and wet to the skin and nearly starved.

We fed them hot coffee, eggs and toast, gave them each a hot shower and put them in clean beds. Several had had scalp wounds which needed attention, two had been severely burned on the face, hands and feet, and one with a fractured hip had suffered intensely. Two were given antitoxin serum as they ran a risk of getting tetanus under the circumstances. Many were given sedatives for shock. Poor lads, it was surprising how cheerful they were. There are still three life boats missing; the destroyers have gone out for them at once.

July 15: This afternoon fourteen more of the *Westover* survivors came in, and to-night fifty more, now making eighty-four in all. The entire crew, with the exception of about twelve,[16] which were lost in the explosion, are now accounted for. We had to discharge a number of the survivors of the transport *Covington* to the receiving station to make room for them. It was well past midnight before we had them settled down.

The mascot was saved and he was brought to the hospital and cared for. They would not leave the faithful dog behind. They were cheerful in spite of their wounds and so grateful for all we did for them. These last survivors were almost five days in the life boats. They will be fitted out with new clothing by the Red Cross and when ready for duty will go back again at the old post.

A second American hospital to be established in France for the care of sick and wounded of the American Navy was American Red Cross Hospital No. 100, which was established in January, 1918, in the picturesque Château Beaucaillon, on the Gironde River, near Bordeaux. Lieutenant Colonel C. C. Burlingame wrote:

Among the earliest of the hospital formations of the Red Cross was American Red Cross Hospital No. 100, installed in the Château Beaucaillon, near St. Julien (Gironde), near enough to Bordeaux to be easily accessible to the Navy. This

[16] Eight men of the crew of the S. S. *Westover* were lost. Report of the Secretary of the Navy, 1918, p. 242.

> hospital was operated for the Navy, which supplied the actual medical personnel, exclusive of nurses. . . . So great was the need and so effective the work done here that it was later expanded to one hundred and fifty beds by the erection of tents on the grounds, to take care of an epidemic which occurred among the Navy personnel. . . .
>
> A summarized report of this hospital for six months ending December 31, 1918, is as follows: Hospital days, 22,864; Patients admitted, 703; Patients evacuated, 197; Patients returned to duty, 440; Patients died, 295.[17]

Convalescent patients of the American Navy were admitted to the American Red Cross convalescent homes already described in Chapter VI. Bluejackets were entertained largely at Convalescent Home No. 1, located in the Château de Beycheville, at St. Julien, Gironde; at Convalescent Home No. 2 which had been established in the Hotel Regina, Biarritz; and at Convalescent Home No. 3, which was located in the Hotel de la Source, Morgat, near Brest.

Navy nurses were assigned to duty in Guam, an insular possession of the United States which was located on the direct water path between the Hawaiian and Philippine Islands and they experienced unusually interesting and picturesque service. Frederica Braun (Columbia Hospital for Women and Children, Washington, D. C.) wrote, in the Military Number of the *Journal*:

> The Naval Hospital in Guam differs from any other hospital in the Naval service. Officers and their families, civilians, enlisted men, and the natives of the islands, all depend on the United States Medical Corps and nurses for medical care. There is a small private hospital, "Susanna," in part endowed and also supported by fees from the patients; a ward for enlisted men and two native wards, one for men and boys over ten, and the other for women and children.
>
> The hospital is situated in a beautiful part of Agana, the capital of the Island, with a population of five thousand natives and about one hundred Americans. The nurses' duty is varied and interesting and is an excellent field for the nurse who has or desires experience in public health and welfare work; there is also experience in nursing tropical diseases. From thirty to forty children are always having the treatment; as fast as one set is ready to go out another comes

[17] "Military History of the American Red Cross in France," p. 60.

in. The treatment lasts from ten days to three weeks, and while the children are there they are examined very much as we would school children in the States.

When the Americans first took over the Island in 1898 the mortality from childbirth and among infants was appalling. A training school was started by the Medical Corps for native nurses; since the Navy Nurse Corps was established part of the duty of Navy Nurses in Guam is to train these young women as midwives. They do remarkably well in this line, and if anything abnormal occurs they rush their patient at once to the hospital, sometimes by automobile, sometimes on a stretcher, very often in bull carts, occasionally in fish nets.

As a race, the Chamorros are superstitious and have been taught that an evil spirit will get them if they leave window or door open at night. As the houses are most primitive, having usually but two rooms, with the entire family sleeping on straw mats on the floor, tuberculosis claims many victims.

There are queer accident cases; such as injuries from being gored by caraboas and falls from cocoanut trees causing unusual fracture complications; also there are serious infections from fish bites.

Navy nurses stationed at Guam found ample opportunity for recreation. Miss Braun wrote:

For amusement there is tennis, swimming, automobiling, walking, dancing and moonlight picnics. Every afternoon, machines run from Agana to Piti for swimming; the water at Piti is deep and still. Dances at Dorn Hall are held every week, with music by the Marine Band. The picnics are the best kind of fun, with the moonlight shining on the white beach and the sea sounding on the reef. . . . The darkness comes quickly in the tropics, with no twilight, like a curtain let down. In the natives' houses appear candle lights or tiny lamps, and the white roads and beaches gleam against the dark palms—a fairy land. . . .

On night duty, one hears the sea all the time and every other sound is stilled; early in the morning, before it is light, the natives so slip-slip to church, a never-ending procession. Then quickly comes the splendid sunrise.

. . . . . .

As was previously stated, the first and largest Naval hospital to arrive in France was United States Navy Base Hospital No. 1, which was attached to the United States Marine Corps.

This unit was also the first base hospital which the Red Cross organized for the Navy Department. Its parent institution was the Brooklyn Hospital, Brooklyn, N. Y. Dr. William C. Brinsmade was director, and Frances F. Van Ingen, chief nurse.

Following her graduation from the Brooklyn School of Nursing, Miss Van Ingen did private duty and institutional nursing in Ohio and Minnesota. She was a member of the Yvetot Unit which National Headquarters assigned to duty in February, 1915, at the Alliance Hospital, Yvetot, France. She returned to the United States in April, 1916, and as superintendent of nurses of the Brooklyn Hospital, organized the nursing staff of Navy Base Hospital No. 1.

Navy Base Hospital No. 1 was ordered to mobilize on September 11, 1917. Miss Van Ingen wrote:

> At noon on September 11th, while I was stationed at the United States Navy Hospital, Brooklyn, the commanding officer told me to have forty nurses ready to sail for France in two days. It's still hazy in my mind just what did happen during those two days. Kind people helped me 'phone, others loaned their automobiles or ran errands themselves, the Red Cross stretched forth its mighty arm and the full equipment, including the uniforms, appeared.
>
> On September 14, 1917, the unit left Grand Central Station. It was early enough in the war for our uniforms to be new to the public. A regular officer of the Navy, Dr. L. S. Von Wedikind, with Dr. Vickery, took charge of the unit. Our destination was the Navy Yard at Philadelphia and we walked from the train to the U. S. S. *Henderson*. It was the first time officers and crew had ever had women traveling with them and the nurses found things as interesting as the crew found us.
>
> The following Sunday evening, the Sixth Division of Marines came aboard, about 1500 men under Major Hughes. Comparatively few of this division lived to come back. Two-thirds of the officers were killed. After the Armistice Colonel Hughes passed through our hospital on crutches on his way back to the United States, a mere shadow of his former vigorous self.
>
> Monday morning we slipped from our moorings out between the men-o'-war. On every side could be heard the music of two or three bands, the shrill whistles of Navy and harbor craft, the cheering of the Jackies. . . .

Miss Van Ingen wrote of the trip across:

> In our convoy was the Cruiser *San Diego,*[18] with its great observation balloon which was up most of the time; two destroyers; a tanker; and two transports, the *Finland* and the *Antilles,* which was sunk on her return trip.
>
> I was told one morning to assemble all nurses in the mess hall for "Inspection." Every one was to be in dress uniform, which included hats and gloves. At the appointed hour we gathered together very solemnly and proceeded to wait. After two hours, the inspecting party approached. All the officers were dressed in blue and white and gold, with swords buckled at their sides, and white gloves on their hands. They filed through one door, took a searching look at us, and each, according to his rank, filed through the other door and out of sight. It was awe inspiring! I don't know what became of those swords and white gloves; they never graced another inspection. We surely took ourselves seriously at first. We had "Quarters" at 9:15 A.M.; "Abandon Ship" at 9:30; deck drill at 10; with "Sick Call" at the same time for those not feeling well.

The *Henderson* docked at St. Nazaire, France, on October 4, and the personnel of United States Navy Base Hospital No. 1 proceeded the next day to Angers in the Department Marne-et-Loire, France.

The Marines, to whom Navy Base Hospital No. 1 was attached, were brigaded in the fall of 1917 with the American Expeditionary Forces and the unit, though still under the command of a Navy officer, was taken over by the Army. Hence this Naval unit was temporarily assigned, until the end of November, 1917, to staff the Mongazon, a future Army base hospital at Angers. Of their arrival there, Miss Van Ingen wrote:

> It was extremely weird in that station at midnight. We were led through the small emergency hospital in one part of the building, where dim lights showed us soldiers and nurses in the French uniforms; everything crude and rather dirty. The only means of reaching our destination, two miles outside the city, was by walking. So we filed through the dark, narrow streets of Angers, and the shuttered houses and silent streets left a dream-like impression with me—so unreal from the bustling Angers by day.

[18] Later sunk by a German submarine.

> We were given a great building, the Mongazon, formerly an old school for priests. The buildings and grounds were ideally situated for the splendid hospital it was afterwards made into.
>
> We nurses were apportioned to the top floor of one of the wings of the Mongazon. Here forty nurses found forty French beds, forty small bedside tables, forty chairs in one large dormitory, and *c'est tout*. A small room was given me. Across the hall from it was a wash-room with a stone floor, a long narrow tin trough down the center and a pipe with ten tiny water taps suspended above it. And again *c'est tout*. As I made my rounds, my heart froze within me. How could forty grown women, the sprightly and the silent, the tidy and the thoughtless, the tranquil and the turbulent, room here together? In answer to most of my requests, it was either "Now you must remember that this is war," or "I hardly think that the nurses RATE that."
>
> Not that there was much complaining, however; the nurses were really very game and sporty. Baths were our greatest difficulties. On the ground floor at the extreme end of the building were two small rooms with a tin bathtub in each and a hot water geyser over one; this geyser was expected to supply hot water to both tubs. Everyone was warned to follow directions of operations very closely and all went well for two weeks. Then a nurse mismanaged, there was a loud explosion and the geyser was a wreck! After that we walked about two miles to Angers with our own towels and soap, waited half an hour or so at a public bath and had a clean comfortable bath and walked back again.

During the last week in November, 1917, the personnel of Navy Base Hospital No. 1 was ordered to permanent quarters at Brest. The Pittsburgh Unit, United States Army Base Hospital No. 27, had been assigned to the Mongazon at Angers and desired to take over their permanent quarters. Moreover, the twenty additional nurses of Navy Base Hospital No. 1 who had been left in the United States when the majority of the unit sailed, arrived on the U. S. S. *Von Steuben* and the nursing staff of Navy Base Hospital No. 1, thus re-united, proceeded to Brest. Miss Van Ingen wrote of their arrival:

> I will never forget my feelings when we marched to the hospital which was to be ours for eleven months; it so closely resembled the Raymond Street jail in Brooklyn. . . . The building had been used originally as a school for boys, the

Petit Lycée. Since the war the French had used it for a hospital and their evacuation to make room for us was delayed until a young French lad made complete his great sacrifice for France.

The buildings covered about two hundred square feet and had been erected about two courts in which we afterwards put up tents and barracks to increase the number of our beds. The main part of the building had four floors above the ground floor. Besides isolation tents, sick officers' and sick nurses' quarters, we had seven wards in all, which accommodated from ten to one hundred beds each.

The nurses of Navy Base Hospital No. 1 accepted their new quarters with the same good humored sportsmanship which they had shown at Angers. Miss Van Ingen wrote:

In the far corner of the larger court, with its windows overlooking the court d'Anjou and the Bay, I was given a few rooms for nineteen nurses. Seven were in three unfinished attic rooms, with dormer windows. The other rooms held from one to two each.

The lower part of a Convent, three blocks from the hospital, which included a large chapel, five fairly large bed-rooms and two or three small ones had been rented for the remainder of the nurses. Twenty-two nurses were crowded into the chapel, four and five in each of the bed-rooms, that should have held only two. The Red Cross helped us out wonderfully in adding a few comforts; they provided easy chairs, a number of screens, to furnish a little privacy, three wash basins and a bath tub, hot water heater, gas stove, sash curtains, hand basins and pitchers, a few mirrors, china dishes to replace the tin ones we were using, and a little later a piano. The pleasant, free way in which the Red Cross gave to us came as balm; never once was it said that we did not "rate" these comforts, but rather "Is there anything else that you need?"

The nurses were wonderful about making the best of trying situations and there were many of them. First and worst was the question of heating. . . . Another distressing circumstance were the night prowlers—cats, mice and men. Our rooms were on the ground floor. The windows opened right on the street and our entrance door on the garden. Much to the horror of the people of Brest, we refused to sleep behind those window shutters made of solid wood. Lattice shields were put half way up the windows, but they failed to keep out the cats, who walked off with delectable "eats," or to prevent the Frenchmen from climbing to the window ledges

and attempting to scramble over. The garden entrance was rather more of a menace, for we many times had actually to turn out of our hall and bed-rooms intoxicated soldiers and sailors. Nothing even approaching a serious situation ever happened; they were in fact often more ludicrous than alarming, but I never retired at bedtime that I did not hope the night would pass without someone being dreadfully frightened. The mice and rats are, of course, a part of French housekeeping. An occasional shriek or squeal would be heard at night in the room next to mine, induced by the travels of some mouse across the pillow of a nurse or a too venturesome one getting his feet tangled in her hair.

Our garden was our chief joy. It was a really French one, with all that implies, hidden behind a thick wall ten feet high with fruit trees and rose vines trained against it, winding paths around rather neglected flower beds, splendid trees that gave shade or shelter and a little screen door that opened on to an unpaved lane. . . .

Nurses and hospital corpsmen of the Brooklyn Unit immediately undertook the renovation of their new hospital. However, Paris headquarters on December 20th ordered thirty nurses on detached duty to Camp Coetquidan, then the largest American artillery training center in France. Anna Burges was chosen head nurse.

Of the heavy work which confronted the depleted nursing staff at Navy Base No. 1 at this time, Miss Van Ingen wrote:

The demand on our unit to send these thirty nurses to Camp Coetquidan came just when our hospital was filling rapidly with stevedores and men from the transports, all, of course, medical cases. The States were sending over many of their colored regiments, and, as all the stevedores were of that race, two-thirds of our beds had black faces on the white pillows. The wards were not yet fully equipped, many very necessary articles were still unpacked in the store rooms; the galley was in need of stoves; half the nurses were doing detached duty and we had an average of ten sick in nurses' sick quarters. Add to this a hospital full of black men, sick with mumps, measles, meningitis. . . .

Our most serious cases were the measles and meningitis, especially the measles cases coming from the transports. The transporting of them from the ships to the hospital proved fatal to many. They were carried from the ship to the lighter, from the lighter to the dock, from the dock to

ambulance, from ambulance to hospital. It sometimes took from six to eight hours to accomplish this. At this time these lighters were uncovered boats, mere barges, so that these sick boys were exposed for hours to the cold and rain.

The work of the nurses and corpsmen was made exceptionally hard through the lack of elevators, dumb-waiters, toilet facilities and running water. The city of Brest had nearly three times its normal population to supply with water, so there was constantly a fear of a water famine. Sometimes, without the slightest warning, the water would be shut off for days. We would have to send out relays of French women and corpsmen with great varieties of pitchers and tubs to bring back all they could from remote public fountains. On each floor we had bath tubs placed near a tap, so that when the water was turned on by the city at night we could collect some and have it for the morning toilets and cleaning. It seemed the irony of fate that with the sky constantly pouring down water on our heads that the city pipes should be so often dry—about the only thing dry in Brest.

Our second greatest difficulty was the lack of good plumbing. Brest does not possess sewage; each building has its own cess pool. These had to be emptied by the city at our own expense; generally not until we had notified the authorities many times and waited until the cess pools were overflowing and the toilets were backing up and out of use, would they pay the slightest attention to our demands.

When this happened, and it seemed to be happening all the time, it made necessary the carrying down from the upper floors of all excreta. I am sure few corpsmen worked any harder than ours. All the stretcher cases had to be carried up and down the one, two or three long flights of stairs. Food, water, coal and refuse had to be taken care of in the same way. By comparison with the men in the trenches, their work was child's play, but for most of the boys with us the work was such as they had never done before and it was hard and not very pleasant.

During the spring of 1918, the American transports began to take back to America the "Class D" men and Navy Base Hospital No. 1, which was then the only American hospital in Brest serving the American Army, was crowded with patients. An Army camp on the outskirts of Brest was opened in April, 1918, and later another was established at Kehuron, a town near Brest, and later several of the largest base hospitals of the Army were grouped here to care for troops of the American

Expeditionary Forces returning to America after the signing of the Armistice.

During the summer of 1918, Brest and its environs were crowded with American troops. Over 300,000 American soldiers, it may be remembered, were carried to France in July, 1918. At the same time that the wards of Navy Base Hospital No. 1 were filled with medical and accident cases among these troops, the German drives on Paris were greatly overtaxing the medical and nursing facilities of the Army and the Red Cross. Nurses were at a premium, both in the zone of the base and of the advance, so operating teams were organized from Navy Base Hospital No. 1 and sent to Orleans, to Paris and to the front.

Of the work which confronted the depleted nursing staff at Navy Base Hospital No. 1 at Brest, Miss Van Ingen wrote:

> It was during these months, when we were so short of nurses and corpsmen, that our work was heaviest. American troops were pouring into Brest from May to November. Forty thousand were camped in and around Brest in the early part of June, 1918. Consequently our beds were filled with sick. If it had not been that nurses were being sent over on these transports at the same time, we would not have been able to keep up the high standard of nursing we had set ourselves. These transient nurses were detailed to help us while they waited for further orders. As it was, the hours were long. These transient nurses would just about have learned the routine and have gotten into the swing of the work, when their call would come and they would go, leaving us to face twelve, fourteen or sixteen hours without time off.
>
> In September we began to get the "flu" cases from the States. Men brought in off the battlefields shattered and bleeding were not as tragic to me as these that came from our own ships. Men with the pallor of death on their faces, laboring for air, yet begging for food, their lips and tongues so glued together they could hardly articulate, and before we could care for them they would be out of their agony, beyond the want of food and water. Many died on their way to hospital or as they were put on their beds. . . . I think we all aged with the awfulness of it, and have our nights haunted with the memories of those weeks.

The first detachment of nurses who were sent from Navy Base Hospital No. 1 left Brest April 6, 1918, for service with

the French at Orleans. Anne Burges was among the four nurses who saw service there and she wrote of their experiences:

> Upon the arrival of Dr. Brinsmade, his assistant and a few corpsmen (at Orleans), a pavilion accommodating 168 patients was assigned to him. This pavilion had been entirely equipped by the American Red Cross with the one exception of beds. . . .
>
> When a convoy of wounded were brought in, the system adopted was excellent. Everyone expected to work and did so until all the men were cared for. . . .
>
> After the first two months the nurses did all but the most serious dressings.
>
> The ward nursing was done by volunteer French nurses, with chambermaids to keep the wards clean. Nearly all of the volunteer workers had been nursing since the outbreak of the war. They never seemed weary of doing for their brave men. They were on duty at eight A. M., and stayed until eight P. M., none coming late or leaving early. The greatest care was taken by them to see that any American wounded received especial attention, as so few of our boys could speak French and make their wants known. As there was no regular night nurse, the day nurses had to take each her turn, about once a week.
>
> Army Base Hospital No. 202 was opened about the middle of July. On August 14th this detachment from Navy Base No. 1 was transferred from the French hospital to help them, for the American wounded were coming back in great numbers. . . . The morning after they had reported for duty they were each assigned to a large surgical ward, to take charge of dressings. . . . They were returned to Brest on October 21, 1918 . . .

In addition to this medical and nursing detachment, an operating team composed of two surgeons, two nurses and several corpsmen, all from Navy Base Hospital No. 1, was sent on June 1, 1918, to the front. Dr. John Long was in command; Mary Elderkins and Katherine McCarthy were the nurses. Of their experiences, Miss Elderkins wrote:

> About February, 1918, Miss McCarthy and I were selected for operating team service. . . . At last definite orders arrived June 2, 1918: Navy Operating Team No. 1 under P. A. Surgeon John H. Long was to proceed immediately to American Ambulance "B" Jouilly for temporary duty. . . . For

> equipment we took only such articles as would enable us to set up an operating-room wherever we might be sent. It was surprising how little would answer the purpose when necessary. A few instruments, a handful of sterile goods, an alcohol lamp, some ether and iodine, a little suture material and a needle, at times seemed bountiful. For about three weeks we were operating in field hospitals, doing some of the most serious work of our whole trip, such as extensive laparotomies, chest wounds, head cases and the like when our supply of needles consisted of a few large curved cutting edges, one poor dilapidated "Mayo" and one intestinal needle. The crown jewels were never guarded more carefully than they. . . .
>
> Brittany was at her loveliest as we left, the early June twilight lingering until ten P. M. We did not dream of the change of scene twenty-four hours would bring.

The destination of Navy Operating Team No. 1 was American Red Cross Hospital No. 7, located in the hospital at Jouilly, Seine-et-Marne, which had been operated since 1914 by Mrs. Harry P. Whitney for the French wounded. Miss Elderkins wrote of their journey there:

> While on the platform of the Gare de L'Est, it began to dawn on us that there was something unusual in the air. The place was filled with Americans in uniform, mostly officers and mostly juniors, and all going in the same direction as ourselves. Three Marine officers shared our compartment when we boarded the train. . . .We soon learned the reason for that tensity of feeling which seemed all about us. The Americans were at last in action; these men were being rushed back to their outfits from the Officers' School at Grandecourt, from furlough, from convalescent camps, from wherever they might have been at the time. They did not know where their companies were; all they knew was that they were to proceed to Meaux, that there had been heavy fighting, that the Germans had been making definite progress and had apparently not yet been stopped. At Meaux we began to get an idea of the seriousness of the situation. An American officer there told us the Germans were only about nine miles away; that the civil population of Meaux had been evacuating all the previous day; that refugees from towns nearer the fighting were pouring into the city.
>
> We had some time to wait in making train connections and thought it wise to have lunch. No one at the station could

direct us to any place where they thought we could obtain anything to eat. After walking a few blocks, we understood why; all the shops and cafés were closed. It would seem that everyone had turned the key in the lock and fled. The few who remained eyed us suspiciously. The Naval uniform was not a familiar one inland at that time, nor was the uniform of the American nurse recognized as quickly as it was in the months to follow. We might have been Germans for all the information we could gather from the one or two civilians we met; and I believe they half suspected we were. . . .

We went back for our little toy train to take us to Jouilly, and after leaving the city could see the French preparations for retreat all along the road leading back from the front. It was not exactly reassuring!

An amusing incident occurred at one of the stores. Five German prisoners were being put aboard under guard of a French soldier. He had them safely on the train when he remembered a large basket some half dozen yards away; he gave his gun to one of the prisoners and dashed back for the basket. We expected the Boche to hold up the train, but he simply waited patiently for the return of the guard.

Warm, travel-worn and hungry, Navy Operating Team No. 1 arrived at their destination, Jouilly, Seine-et-Marne, at six o'clock in the evening and went directly to work. Miss Elderkins wrote:

Captain Mixter took us to the operating-room after supper. On our way there we could see the courtyard filled with ambulances and stretchers containing wounded Americans. The corridors were filled with stretchers; a long line of them extended down the center of the ward through which we passed, and when we reached the operating-room the floor of the ante-room was packed and the four operating-tables in the room each had a patient on it. Poor boys, they were sorry looking fellows, as they lay there, waiting for their turn, but as "game" as they could be. The nurses and doctors operating had been at it most of the time for the past three days.

Before going further I would like to give you an idea of what the American Ambulance "B" was and the conditions when we arrived. In 1914 Mrs. Harry Payne Whitney had established this hospital in the wing of the college of Jouilly for the French *blessés*. The work was taken care of by Red Cross personnel consisting of two American doctors, a chief

nurse with twenty nurses under her, of various nationalities. . . .

During those days of fighting in the vicinity of Belleau Woods, this little hospital was all that stood between the fighting and Paris, thereby cutting in two the long ambulance journey for our mutilated boys. It was only equipped with two hundred beds, but the faithful workers kept up their supplies for the possible emergency that they were always watching for after their four years' experiences, and if it had not been for their well stocked sterile lockers and the instrument cabinets, we would have been greatly handicapped.

About the time we were receiving our orders at Brest to proceed June 2 to Jouilly, they got a message saying there had been heavy casualties among the American troops and asking if they could care for some. Before they had time to answer, ambulances began to arrive, and they had been coming in ever since and continued to do so for many days. The divisional surgeon had been giving what help he could, but the combined efforts of all seemed like but a drop in the bucket, with hundreds of wounded men pouring in. An additional operating-room had been improvised, so our team took over the original and the other surgeons opened up the new one. Work went on both night and day for the next ten days.

We operated all through that first night and I don't believe one of us had ever imagined men could be so absolutely "shot to pieces." Many of them were the Marines who had crossed with us on the U. S. S. *Henderson* and seemed a bit closer to us for that reason. Five Marine officers whom we knew were in the hospital as patients that night. The following night one of the young officers who had shared our compartment from Paris to Meaux came in severely wounded, giving an idea of how quickly those men had gotten into the "thick of it."

About 11 P. M. some one from the office announced that there were twenty enemy planes over head. We were barely conscious of the bombing, so intent was every one on the work at hand. The receiving of patients and care of them in the wards was all done in the dark or by the wee flare of a candle; the operating-room was the only place where lights were allowed. The windows were heavily blanketed and black curtains hung over them.

I cannot describe those nights,—the long hours spent at the sterile table, or in giving anesthetics or in doing the many tasks about the room; the intense suffering of the wounded; the ghastly sights and nauseating smells when gas gangrene was present.

Some days after the arrival of Naval Operating Unit No. 1, reënforcements from the Paris headquarters of the American Red Cross in France, and United States Army Evacuation Hospital No. 8 were brought up to Jouilly, Seine-et-Marne. Other operating teams arrived also and the little château-hospital was greatly enlarged and became the principal evacuation center from Belleau Woods to Paris. Miss Elderkins wrote:

> Instead of two hundred patients, there were at times close on to one thousand, these being evacuated as quickly as possible to make room for the fresh cases coming in. I do not remember the exact figures, but over three thousand patients passed through the operating-rooms during the Belleau Woods and Soissons Drive.
>
> We remained at Jouilly during June and July, going over to Meaux to help out in a rush for a few days. An evacuation hospital had come up there but was hardly ready for work when a convoy of wounded arrived.

On June 7 a second operating team had been sent forward from Navy Base Hospital No. 1. Dr. James Watt was in command. Leola Steward and Florence Missimer were the nurses. The team left Brest on June 7, 1918, and after various temporary assignments were detailed to duty with Mobile Hospital No. 1 at Evacuation Hospital No. 7, near Coulommiers. Of the artillery fire there, Miss Missimer wrote:

> Big Bertha was also sportive in this section; she plowed up great holes in nearby fields. One night a Boche dropped a huge bomb in a field right in front of the hospital and caused a small earthquake; we and the château trembled together. To the right of us, the French had an anti-aircraft station, with their big 75's constantly in action.
>
> We were five weeks at this station, doing twelve-hour duty either day or night, and occasionally it would be twenty-four hours at a stretch and occasionally a like time off.
>
> On the twentieth of July, we retired at night very tired, having been on duty all the night before. After an hour's sleep orders came for us to report to the 28th Division. Staggering out of bed, we dressed, shoved our few belongings into our sea-bags and by eleven o'clock were seated on them outside the château, waiting for transportation. Here we nodded and

dozed until one-thirty, when a French ambulance rattled up and all, including luggage, was bundled in and the journey begun.

The weather was extremely hot and the dust so thick that our lungs seemed choked with it. We were supposed to reach headquarters for the 28th Division in two hours. Every mile seemed to take us nearer real activities. Not a civilian was to be seen, but we passed continual streams of soldiers on horseback and on foot. Large ammunition trucks rumbled by. The soldiers we met seemed indifferently puzzled, as if they wondered what we were doing there. It was not long before we, too, wondered.

Carde, a little village, at that time only three miles behind the firing line, was a mass of ruins, deserted except for an occasional sentry on duty, the roads almost impassable with fallen bricks and stones. On beyond this village we came upon big Naval guns swinging back and forward in action. Still further on was the artillery carefully camouflaged in the woods. Time and again we met whole regiments of American and French soldiers trudging along in a mechanical way, an unforgetable expression on their worn faces, desperate through utter exhaustion. On either side of the road, men had dropped out, throwing themselves on the ground, unable to go any farther. We found out later that these were men who had just been relieved from the firing line.

With high explosives whirring past us, we sped on past trench after trench, actually seeing our own boys, with guns to shoulder, ready for the words that would send them over the top, and came finally to a bridge where we halted for Dr. Watt to ask where we were and where were Division 28's headquarters. An officer volunteered to take him to a dug-out where he could telephone; we then found our French chauffeur had taken us miles out of our way. While we were waiting for the return of Dr. Watt, we had no difficulty in engaging the boys, doing sentry duty at the bridge, in conversation; they had not seen a woman in weeks. They told us that under the bridge was enough dynamite to blow up a whole division of Germans. We delved into our sea-bags and found several boxes of crackers, which we passed over to them, hating ourselves for the smallness of the gift.

When Dr. Watt appeared, the Major was with him. He pointed out the German lines, which were just over the hill-side, and added that we were in the first line reserve trenches, a gas section. As the Germans had been sending over gas shells all day, he begged we would hurry our leave-taking. We did, *tout de suite*.

Dr. Watt's team was finally ordered to Field Hospital No. 109 and reached there at 10 P. M. that night. However, the end of their journeying had not yet come. Miss Missimer wrote:

> Here at Field Hospital No. 109, a unit under Major Schaffer, was just getting settled in a lovely château, with most attractive grounds. The Major was very attentive and kind. So far we were the only women in the personnel. Before dawn of the second night there, orders came for us to move on, first to Field Hospital No. 103 at La Ferté, then to Field Hospital No. 33, and at midnight four days later we were sent by motor to Field Hospital No. 112 at Château-Thierry.
>
> Field Hospital No. 112 was located in a building, one end of which had been entirely destroyed. All the windows were gone. . . . Pontoon bridges spanned the Marne and they and the ammunition trucks rumbling over them were a constant target for enemy bombs.
>
> Our stay at Field Hospital No. 112 was for two weeks only. Dr. Watt's health broke down and we were returned, August 18th, to Brest.

While Dr. Brinsmade's detachment was at Orleans and Navy Operating Teams No. 1 and No. 2 were at the front, twenty additional Navy nurses were called from Navy Base Hospital No. 1 at Brest for service at Paris. One of these nurses, Helen Hayward, wrote:

> On July 27, 1918, we left Brest for Paris, where eight of us were assigned to American Red Cross Hospital No. 3, in Paris, and twelve to American Red Cross Hospital No. 5, at Auteuil.
>
> American Red Cross No. 5 was situated on the race tracks of the Bois de Boulogne and was entirely under Red Cross tents. It accommodated twenty-five hundred patients. Each ward consisted of from one to three tents, with from forty to seventy-eight beds. We went on duty the following morning, and were extremely busy. The nurses were all glad to welcome even twelve nurses, for the convoys were coming in every other day. There was one convoy which I especially remember. It was the admission of eighteen hundred boys in one morning, all gas cases. The convalescent patients volunteered to act as orderlies and saved us from a trying predicament; we were at the time short of corpsmen. Their

fine spirit of comradeship for the men worse off than themselves was shown in such a splendid way, for before we had time to ask we had numerous offers of help. A bad gas case is absolutely helpless. It is surely the most cruel weapon of warfare; there is so little one can do for them and they suffer so dreadfully.

The "Bertha" was shooting over the hospital and of course we had the usual air raids at night when the moon was bright.

The spirit around the hospital was wonderful. Everyone helped the other. There never was any unpleasantness. Of course we did a lot of pioneer work, for we did not have the conveniences or the things to work with that we had at our home base, but the boys seemed happy and certainly recovered rapidly.

Of the experiences of the eight Navy nurses assigned to American Red Cross Military Hospital No. 3, Mary Caldwell wrote:

At seven A. M. the next morning we were each detailed to different wards and encountered a very decided change of work. Here we had patients from generals down to lieutenants, the cases nearly all surgical, the officers mostly suffering from explosive wounds and compound fractures. No more great black stevedores, with mumps and measles! The majority of our patients belonged to the 181st, 2nd and 77th divisions. Many of them were prominent Americans. Some of our beloved Marines from the S. S. *Henderson,* whom a year before we had last seen marching away from the ship well and happy, came back to us shattered and miserable, to be nursed back to a poor resemblance of their former sturdy selves. . . .

The other Navy Base hospital in France which furnished nurses for detached duty at the front was No. 5. Elizabeth Dewey was one of these nurses and she wrote:

As we were going off duty the evening of July 19, 1918, we four nurses, Miss Faye Fulton and Miss Dewey, anesthetizers, and Miss Alice Hurst and Miss Caroline Thompson, were told to be ready to leave for the front at 5 A. M.

We met the others of the two operating teams at the station the next morning. Drs. George Ross and John Jones were in command; assistants, Drs. Tanner and Lyon, and Chief P. M. Shank and P. M. Steel, Diable and Hornsburger were the other members of the teams.

We reached Paris about 8 P. M., and reported at Dr. Blake's hospital. . . . About 3 P. M., July 20, we started off in 12 new Ford ambulances, with a sergeant, on a motorcycle, to act as convoy. We passed the fortifications and wire entanglements, huge airdromes and encampments and later several hundred German prisoners huddled in a farm yard. We heard the guns and saw the line of observation balloons above the trenches. The road was a solid mass of trucks and artillery and everything was veiled in the dust. Our Fords had to get off into a field every little while to cool, and we tried to remember where Crépy was, for all signs pointed to Crépy. When we reached there some soldiers gave us hot coffee and hard tack.

About dusk we sighted a castle on a hill, a fairy-tale castle, almost too beautiful to be real. We made a turn and were in the square of a small town. We stopped before a white gate, and in front of us, behind us and on both sides of the road were stretchers, each with its burden of wounded. Some were very still, some groaning, some muttering in delirium. One man caught my coat as I passed and begged for water. So we entered *L'Hôtel des Ruines* at Pierrefonds, where Field Hospital No. 12 was located.

In about a half hour both teams were working in the hotel parlor, a medium-sized room reached by a hallway three stretchers long, and wide enough for the stretcher-bearers to walk beside each other. The long French windows of this room were closed; blankets were nailed up outside the shutters to hide the light. The furniture was gone. In its place were two operating-tables and a plank on clothes-horses made a third. Pictures and mirrors decorated the walls, strong electric drop lights hung over the tables, fancy stands held instruments, adhesive strips were stuck on mirrors and windows. A pile of blood-soaked, filthy clothing grew in one corner of the room and millions of flies rose and buzzed when an addition was made to the pile. As a patient was carried out, the stretcher nearest the door was brought in and another shoved in at the far end from the ground outside. The work in that room never stopped day or night, except long enough in the morning to scrape out the filth of the night work, and in the evening to close everything before lights went on; the ground outside was not cleared of stretchers until the fourth day.

About 11 P. M. that first night, a dying man was put on my table. He asked me to write home for him, and one of the boys found a pad for me. Dr. Ross asked if I thought I could keep a record of each case for him. I still have that pad, the

first entry being the address of the only man who died on our table, though the record covers over two hundred cases.

The next morning other teams arrived and the tired Navy nurses were told to find a place where they could get a few hours' sleep. They stumbled to the nearest house. Miss Dewey wrote:

> On the second floor were two adjoining rooms with double beds, the bedding thrown back as if people had just gotten out of them. We four nurses got into those beds and pulled up the covers.

Miss Dewey's team went on duty again that night. She wrote:

> The night of July 21 a bomb exploded in a garden about 20 yards from us and blew open the windows. Chief Shank stepped away from one, remarking, "That's too close, but thank God they let in a little air." Only the most urgent cases were operated at No. 12. The others were sent on to where facilities were better. Some of the wounds contained maggots and nearly all were gas gangrene cases, and the stench of that room was beyond words.
>
> The pluck of the men kept us at it. Most of them were conscious and told us they had the Germans on the run. One boy whose leg had to come off, said, "All the fun I had lying there in the mud was seeing the Germans beat it. Our boys couldn't get to me any sooner than they did." Some asked if we thought they could get back, because "I got to get a Boche for this."
>
> The night of the 24th we operated on some Scotchmen, who had come up to relieve our 1st and 2nd divisions. By morning their medical corps had come up and we were sent back, reaching Paris at 9 P. M. that night. Over 3500 wounded went through No. 12, between July 18 and July 24. About 300 non-transportable cases were operated upon there and the Navy teams performed about 160 of those operations.

On July 29 Dr. Ross's team, with Miss Dewey and Miss Hurst, was ordered to join Field Hospital No. 6 at Château-Thierry. When they arrived they found that the hospital had not yet come up, but were told to report temporarily for duty at the College Jean Mace where some operating was under way. They were promptly set to work there. Miss Dewey wrote:

> Miss Hurst was asked to hand instruments for three tables and during the night had three abdominal cases going on at the same time and, as Dr. Ross said, "got away with it without a hitch." It was a wonderful piece of work. How she managed to get all those needles threaded and with the proper sutures is more than I know, but she did.
>
> The following day we joined Field Hospital No. 6 and Mobile 1, which was being put up in a field near Château-Thierry. We were taken there in a truck, crossing the Marne by a pontoon bridge. This was a large tent hospital wonderfully equipped and the operating there, after Pierrefonds, seemed almost ideal in spite of the fact that we were bombed and fired over. We operated every day, and part of some of the nights, ending wth a stretch of twenty-four hours. . . .

The other operating team from Navy Base Hospital No. 5, under the command of Dr. Jones, with Miss Fulton and Miss Thompson as nurses, had been detailed to Field Hospital No. 7 at Coulommiers. Miss Dewey wrote of the type of service which this team had seen:

> Field Hospital No. 7 was located near a small château, about a mile from the town. Tents filled the woods back of the château and eight beds were in a tent. The first few days after their arrival the work was very strenuous, and they had long hours and little sleep, then more teams arrived and the work was better regulated.
>
> One night while they were working all the lights in the operating tent went out, and they had to finish their case by flash light. That was during one of the severe air raids, of which they had several.

Both teams returned to Brest on August 15. Miss Dewey was commended [19] as follows by the Commander of the U. S. Naval Forces in France:

> She is a splendid nurse and a woman of fine character and exceptional executive ability. Her services while on duty with the operating teams at the front were extremely valuable. She acted as anesthetist during most of her service there, in addition to which, when relieved from that duty,

[19] It is not the policy of this history to publish individual citations; space does not permit it. A list of nurses who have been decorated for gallant and devoted conduct may be found in the Appendix. This citation is, however, given in the text as an index to the general type of citation received by numerous nurses during the European War.

she did extra duty in assisting the nurses in the care of the wounded with their dressings. On one occasion, under extremely unsatisfactory surroundings, she gave anesthetics steadily for fourteen hours without leaving the table, and after this strenuous labor she visited the cases which had been operated upon.

Following the return of Dr. Watt and his team members to Brest in August, 1918, Navy Operating Team No. 1 of Base Hospital No. 1 with Dr. Long commanding, was sent up to replace Navy Operating Team No. 2, at Field Hospital No. 112, Château-Thierry. Miss McCarthy, the second nurse on Navy Operating Team No. 1, had been ill and Jeannette McClellan, one of the Navy nurses of Navy Base Hospital No. 1, who had been on detailed duty at Paris, was sent forward to take Miss McCarthy's place.

Navy Operating Team No. 1 set out on August 11 to find Field Hospital No. 112, which had been moved that morning from Château-Thierry twenty miles closer to the fast advancing American Front. Miss Elderkins wrote:

Twelve nurses attached to Field Hospital No. 112 were also waiting for ambulances to be sent to take them up to the next site. An officer coming down from there said he feared it would not be possible for any of us to go on that night, as the Boches were shelling the roads and also sending over a great many gas shells in the vicinity of the hospital. Nevertheless, the ambulance came and Miss McClellan, the other nurses, Sexton and Brady and I started up. We were provided with helmets and gas masks.

That was a wild ride. We passed through village after village where not a house had been spared, and the only signs of life were the military guards. Ammunition trucks were racing in both directions, and as no lights were allowed, the traffic was rather perilous. About a half hour before we reached camp, we were stopped and told that all masks were to be worn in the "alert" position. We had no more than adjusted them so, when the real gas alarm came. . . .

Upon arrival at camp we found everything in pitch darkness. . . . We groped our way to the last tent, where four occupants were sleeping. Cots were brought for us . . . but we didn't sleep.

Gas alarms sounded continuously. You would hear the hoarse cries of "gas! gas!" coming down from the distance as the sentinels passed the warning. Then our own guard would

take it up, five pistol shots would be fired and some one would start beating a huge shell strung up on a tripod. To hear the horses whinnying across the road, where some cavalry troops were spending the night, was pitiful. They also had to have the masks on and could not seem to understand it.

In the morning, we found ourselves in a little town called Cohan. The hospital was at the foot of a hill; from the top you could get a good idea of where the fighting was taking place. Fismes was only four miles away, and the Germans occupied the town on the opposite side of the river. At night it seemed like the battle was being fought just outside our tents.

Army nurses have described the severe service at Cohan, and Miss Elderkins' report repeated some of the things which made that post of duty so arduous. She wrote:

Our location was poor; we were right in the midst of things most desired by our enemy. The work here was not especially heavy, but conditions were such that every bit of reserve force was needed. The days were intensely hot and the nights bitterly cold. The flies were unbearable. We had air raids night after night, with no opposition, for there were no anti-air craft nearby and seemingly very few French or American planes.

When we were not operating at night, we spent the time from darkness to dawn in a cellar twenty feet under ground. It just held seven cots and thirteen nurses were supposed to sleep there. If we sat erect on the cot our head struck the rough stone above. Water dripped on us all night long. Huge black bugs crawled about and after we quieted down we could hear the rats. We, ourselves, felt like rats in some trap, for in case of a direct hit our chances of getting out were slim. I would have preferred the dugouts, or "graves" as we called them, that Dr. Long and the corpsmen had dug under our cots in the tent.

The morning of the tenth day, the Germans had found our range. They opened fire on us, or rather on their objectives about us. With shells falling all about us, we went back that night three miles.

Then followed a series of moves, first to Evacuation Hospital No. 5, outside of Château-Thierry, then across the Marne to Red Cross Hospital No. 111, and a few days later to Vic-sur-Aisne, where we were attached to Field Hospital No. 127 of the 32nd Division, who were serving with the French under General Mangin.

> The casualties were heavy. We worked a twenty-hour shift, which really became a twenty-four hour shift, and under the most trying conditions. The furnishings of the operating-room were of the crudest kind. Packing boxes were used for instrument tables and seats for the anesthetist, a stretcher on two carpenter horses was the operating-table, while we had to put our solutions, etc, in tin cans, cooking utensils or stray bits of china ware. A pie plate made a splendid container for our alcohol sponges for "scrubbing up." I think it is pretty generally known that only non-transportable cases were cared for in the field hospitals, which meant all major cases, abdominals, amputations, severe hemorrhages and head cases.
>
> When the 32nd Division withdrew, we went back with them, and by another series of moves and short stops at various field and evacuation hospitals eventually reached Base Hospital No. 15 situated at Chaumont.

At Chaumont, Dr. Long's assistant, Dr. Pierson, was given a team of his own, composed of Miss McClellan and Hospital Corpsmen Brady. Dr. Long's team, with Miss Elderkins as the only nurse, was ordered, on September 24, 1918, to report to Evacuation Hospital No. 8, then near Souilly, seven miles from Verdun. Miss Elderkins wrote:

> It was noon of September 26 when we arrived after a forty-hour trip with no sleep and little to eat. . . .
>
> When I went to the operating-room to inquire about the baggage, I found Dr. Long already "scrubbing up" and he asked me to start the anesthetic of the patient upon whom he was preparing to operate. It was necessary to continue giving them until 9 P. M., so I did not have an opportunity to get into my gray uniform.
>
> I do not believe there was a better organized operating room in the American Expeditionary Forces than that at Evacuation Hospital No. 8. It kept the sterile nurse on the alert every moment, for at times an operation would be in progress on all the tables. I remember one night there was a bad chest wound and a laparotomy on the first two of my tables. At the next Dr. Hanson was removing a piece of shrapnel which had entered through the skull and was lodged somewhere near the ethmoid, while the other three tables contained minor cases.
>
> Again, I have seen six surgeons all working on the same case, where a long anesthetic was counter-indicated. Each surgeon would take a section of the body and the multiple

wounds would be cared for very quickly. Practically all the work was done by specialists in their own particular lines. Colonel Lilienthal of Mt. Sinai Hospital did most of the chest work; a Dr. Hanson of Minnesota was a wizard at brains; Dr. Long did all of the abdominal work and took over the chest cases when Colonel Lilienthal left, and later the head cases.

We worked twelve-hour shifts, changing from night to day and vice versa, about every two weeks. . . .

At the signing of the Armistice, two hundred and ninety members of the United States Navy Nurse Corps were in service in Great Britain and France.

CHAPTER IX.

NURSING SERVICE TO THE CIVILIAN POPULATION OF THE ALLIES

The Children's Bureau in France—The Refugee Bureau in France—The Tuberculosis Bureau in France—The Commission for Italy—The First Commission for Roumania—The Commission for Palestine—The Commission for Siberia

WHEN Major Murphy and his staff of seventeen men, who formed the first American Red Cross Commission for Europe, sailed for France in June, 1917, they went with the purpose, as supplemental to the military responsibilities of the commission, of expressing in relief work the sympathy of the American people for the civilian population of the Allies. Upon its arrival in Paris, the commission thus immediately created two departments: the Department of Civil Affairs and the Department of Military Affairs, the organization of which has already been given in Chapter VI. This chapter will give an account of American Red Cross nursing service in connection with the civilian population in France and Belgium, Italy, Roumania, Palestine and Siberia, as it was administered through National Headquarters and through the American Red Cross Commission for Europe.

France, the battle ground of the war, was the theater of the most extensive relief work of the American Red Cross abroad. Of the eighty-six departments into which the French Republic was divided, in the North one was wholly in the enemy's possession and nine others were partially so. The Marne, the Aisne, the Somme and the Oise regions had been sytematically devastated by the Germans in their retreat to the Hindenburg Line. A million and a half refugees from these provinces in 1917 were scattered in the central and southern parts of France, wandering, diseased, spirit-broken, seeking shelter, food and livelihood as best they could. There were in addition three millions in the occupied territory, the women and children

who had stayed in their homes and those who had been deported to Germany but who from December, 1916, on were flung back to France at the rate of from one hundred to twelve hundred a day.

The work which confronted the Department of Civil Affairs of the American Red Cross in France fell into five principal classes: child welfare work; the establishment and maintenance of homes for refugees, *rapatriés* and other exiles of war; participation in a well rounded and comprehensive plan for the prevention of tuberculosis throughout France; assistance to civilians returning to the devastated areas and training of *mutilés* to enable them to earn their own and their family's livelihood. The Commission for France created within the Department of Civil Affairs five bureaus to deal separately with these five problems—the Children's Bureau, the Bureau of Refugees and Relief, the Bureau of Tuberculosis, the Bureau of the War Zone and the Bureau for the Reëducation of *Mutilés*.

Homer Folks, of New York City, joined the Paris headquarters in July, 1917, as director of the Department of Civil Affairs. He had previously been engaged in social service and child welfare work in the United States and was the author of a history and various pamphlets dealing with these subjects. Mr. Folks upon his arrival in France appointed experts as directors of the various bureaus of his department and relief work was immediately started.

Perhaps the outstanding misfortune which confronted France, a misfortune which, if not remedied, would penetrate into her future and endanger her existence as a capital nation, was the condition of her orphaned, homeless, sick children, her babies whose devitalized mothers were engaged in war industries, her lowered birth rate. Assistance to the children and women of France offered opportunity for far-reaching service of a type which appealed immediately and instinctively to the sympathy of the American people, whose avatar the American Red Cross strove to be. To the Children's Bureau of the Paris office was entrusted this responsibility.

Pediatricians and child welfare and public health nurses were the first need of the Children's Bureau. On August 12, 1917, a pioneer American Red Cross pediatric unit, which consisted of seven physicians, one child welfare nurse and three laywomen, arrived in France and formed the nucleus of

personnel of the Children's Bureau. Dr. William Palmer Lucas, professor of Pediatrics of the University of California, was director; Elizabeth Haywood Ashe was chief nurse. The other members of the unit were Mrs. Lucas, Dr. and Mrs. J. Morris Slemons, Dr. J. P. Sedgwick, Dr. J. I. Durand, Dr. N. O. Pearce, Dr. John C. Baldwin, Dr. Clair F. Gelston and Rosamond Gilder, executive secretary of the Bureau. Miss Gilder, the daughter of the American poet and editor, Richard Watson Gilder, afterwards wrote the most comprehensive report of the activities of the Children's Bureau to be found in Red Cross archives, a report which this history will from time to time quote.

Before sailing for France, Dr. Lucas had asked that the personnel of his unit should include twelve public health nurses, but the Nursing Service at National Headquarters advised Dr. Lucas to wait until his arrival in France, as it was felt that among the many American nurses already in France an ample number would be available for this type of work. A memorandum which was prepared by the Nursing Service for Dr. Lucas before he sailed, gave the names and addresses of Alice E. Henderson, formerly supervising nurse of the French units of the Mercy Ship Expedition, then in Pau; Mary K. Nelson, Helen Kerrigen, Marion McCune Rice, Josephine Clay and Emma J. Jones, then at Évreux; Margaret Dunlop, then thought to be in England; Grace Barclay Moore, at Dr. Blake's hospital in Paris, and Caroline Hatch, at Ris Orangis.

Immediately following the arrival of the unit in France, Dr. Lucas undertook a complete survey of the child welfare situation. He found that cities, towns and villages had been drained of medical personnel by the exodus of physicians and surgeons from civilian practice to military service. Twenty-five to fifty per cent fewer physicians were available in the larger cities in 1917 than in 1914. St. Étienne, with a population of 180,000 in 1914, had had the services of 120 physicians; in 1917, with an increase of population to 250,000, it had the services of only 14 physicians. France possessed no group of professional nurses comparable to that which existed in the British Empire and in the United States.

Before the outbreak of the European War, the birth rate of France had exceeded the death rate by a margin just enough to keep her total population at a slight increase. Two factors developed during the war and caused the birth rate to fall

materially—the presence of the men in the trenches and the entrance of women into industry. Previous to 1914, only five thousand women had been employed in factories; in 1917 eight hundred thousand were so employed. In the meantime, war casualties had increased the death rate to unprecedented proportions. "With this increased death rate and with the inevitable diminution in birth rate," wrote Dr. Lucas, "the result to-day is that the birth rate is forty per cent lower than the death rate, a figure which no country has ever reached before except as it began to pass out from among the group of first-class nations . . ." [1]

France, herself, was making heroic efforts on behalf of her children. Dr. Lucas summarized the maternity and child welfare legislation:

> . . . Certain definite steps had been taken to ameliorate the condition of women in the factories, most noteworthy among them being Paul Strauss's law of August, 1914, which allowed an allocation of one franc a day for a mother one month before the birth of her child and 1.5 francs per day for four weeks after the birth of the child. This had a powerful influence in increasing the birth rate and it was one of the objects of our campaign to see that this law was put into force throughout the country. The conditions of the Roussell law making it mandatory for factories to have *chambres d'allaitement* and *creches* for nursing mothers and babies, and the creation of factory inspectresses to see that these laws were carried out, showed the earnest intent of the government to right as far as possible the deplorable conditions created by the war.
>
> In the Academy of Medicine throughout the whole period of the war, the discussion relating to infant mortality and the lowered birth rate ebbed and flowed. Every one is familiar with Pinard's firm stand against the employment of women in factories. . . . To save France, the women had to work and the French mother preferred to work, although it jeopardized the future to save the present. . . . In conjunction with the *Ligue contre la Mortalité Infantile* and the federal government of the Department of the Interior, the *Service de Santé*, the Children's Bureau of the American Red Cross worked out a definite program. In the *Ligue* are the foremost representatives of the medical profession in France

[1] "Red Cross Infant Mortality Campaign in France": Dr. Wm. P. Lucas, Report of the Children's Bureau. Rosamond Gilder, Vol. III, p. 149; Library National Headquarters, Washington, D. C.

interested in women and childhood, as well as the most intelligent social workers, philanthropists and educators. Senator Paul Strauss, author of the beneficent law referred to above, is its president. Dr. Marfar, of international reputation as a pediatrician, is its first vice-president; Dr. Le Sage, another well-known pediatrician, is the secretary of the *Ligue*.

With the advice of these experts, Dr. Lucas adopted simple but fundamental policies to govern the development of the Children's Bureau. He believed that preventive measures were far more forceful in lowering infant mortality than curative measures and that "these preventive measures must start in the prenatal period and must reach every mother a long enough time before the birth of her child to insure as nearly as possible a normal pregnancy and a healthy child." He felt that "every baby should be followed up so as to prevent illness."[2]

Preventive measures for the infant had originated in France in 1891, when Budin had first established *Nourrissons* Clinics. In 1917 many of these clinics existed throughout France, and one of the first duties of the Red Cross Children's Bureau was to offer assistance to those in operation, to help reopen those which had been closed during the war and to assist in starting new ones where they never had existed. To secure a personnel to carry on the "follow-up work" which Dr. Lucas felt to be imperative, the Children's Bureau undertook to recruit and train groups of health visitors by giving short intensive courses of instruction to French women who had been working in French military hospitals and who had had Red Cross training of various types. With these policies to govern constructive child welfare work and with unlimited funds and supplies with which to render emergency relief, the Children's Bureau settled down in September, 1917, to its gigantic yet elusive task.

Miss Ashe, the chief nurse of the Children's Bureau, was born in California. Immediately following her graduation from the Presbyterian School in New York City, she returned to her native state and became director of the Telegraph Hill Neighborhood Association in San Francisco.

Miss Ashe was a woman of strong personality and resolute will and had had many advantages of birth and education. In her manner she was direct, blunt, fearless and often impatient

[2] Gilder Report, Vol. III, p. 150.

—always so of what she called red tape. She held the interests of the needy children of France and Belgium close to her big heart and she went about her work of alleviation with a swift, fearless and brilliant power which entitled her to a goodly share of the credit which the American Red Cross nursing service in the Children's Bureau deservedly earned.

During the pioneer months of 1917, the organization of the Nursing Service in France, as had been said before, was imperfect. Miss Russell, chief nurse of the American Red Cross in France, was in the Department of Military Affairs and Miss Ashe, chief nurse of the Children's Bureau, was in the Department of Civil Affairs. The two departments had different chiefs and different policies. The division in organization tended to separate the military nursing service from the public health nursing service, yet Miss Delano and Miss Noyes regarded Miss Ashe's bureau as a subdivision of Miss Russell's bureau. All American Red Cross nurses sent overseas for military and civilian work were instructed to report to Miss Russell; she in turn assigned them to Miss Ashe. Miss Ashe felt that this organization was unreasonable and inefficient and made vigorous protest regarding it to the Nursing Service.[3] Miss Noyes explained to Miss Ashe that "it seems only good and logical administration for us to send our nurses and nurses' aides to the Paris Headquarters to report, as Miss Russell is the representative of the Nursing Service in France and as cablegrams for nurses come through Paris Headquarters. By assigning the nurses to the Paris office," she added, "there is one place in which a complete record is maintained of the arrival and assignment of all nurses to Europe."

As has been suggested, Miss Ashe was hampered in the development of her service by a shortage of public health nurses, but throughout the autumn and winter of 1917, and the spring and summer of 1918, National Headquarters sent units of public health nurses as rapidly as they could be withdrawn with safety from positions in the United States and could be transported to France, to Paris to supply civilian nursing needs.

Harriet L. Leete, whose brilliant professional attainments have been outlined in the section which relates to her service as chief nurse of American Red Cross Military Hospital No. 5, was the first nurse to join Miss Ashe's staff. As Miss

[3] See letter written December 19, 1917, by E. H. Ashe to C. D. Noyes, with answer of C. D. Noyes attached.

Ashe spent much of her time in the field, Miss Leete was assigned to the Paris office and upon her devolved the routine work of directing the public health nursing activities of the commission during the fall of 1917. The most authoritative nursing report of the Children's Bureau which Miss Delano and Miss Noyes saw until after the Armistice, was sent by Miss Leete to Miss Russell, under date of December 3, 1917, and was in due time forwarded by Miss Russell to National Headquarters. Early in 1918, Miss Leete was placed in charge of the instruction of *visiteuses d'enfants* at Paris. In May she became chief nurse of the Tent Hospital.

Marie T. Phelan and fifteen public health nurses of prominence in the United States sailed for France on September 16, 1917. Miss Phelan was head nurse of this unit. She was a graduate of the Rochester City Hospital, Rochester, New York. She did public health and tuberculosis nursing in Rochester and was later assistant superintendent of the Child Welfare Society in Chicago. She was a woman of mature judgment and excellent executive ability and was recognized as one of the pioneers of the public health nursing movement in the United States. Her affiliation with the Red Cross had come through the Rochester Chapter in 1907.

National Headquarters sent a second unit of child welfare and public health nurses to the Paris headquarters in November, 1917. Dr. J. H. Mason Knox, of Johns Hopkins University, Baltimore, who later became associate director of the Children's Bureau, was in charge of this group. A third unit arrived in Paris in December. From time to time during the following ten months, National Headquarters sent over additional groups of public health nurses.

Manifold difficulties attended the selection and assignment of nurses for service with the Red Cross Commission for Europe. Miss Delano and Miss Noyes were combing the country for nurses for the Army, the Navy and the U. S. Public Health Service. The exodus of nurses from hospitals, training schools and public health nursing organizations into military service, placed in jeopardy the health of the civilian population of the United States. The Nursing Service was loath to ask public health nurses to volunteer for civilian relief work in France or Italy or the Balkans when the need for their services was so great at home.

The executives and physicians of the Commission for Europe

controlled the policies of the American Red Cross in Europe and they were zealous of doing everything in their power to aid the Allies. Civilian relief was an immediate and natural expression of this desire and public health nursing was acknowledged to be an efficient instrument in civilian relief. The War Council at National Headquarters was resolute in its determination to support the Commission and to carry out, as far as possible, all its requests; they thus brought pressure to bear on the Nursing Service.

Miss Delano's opinion carried great weight with the members of the War Council. She strongly questioned the wisdom of withdrawing large numbers of nurses from American institutions to assign them to extensive civilian nursing service in France. After the nurses arrived overseas, local conditions often did not permit their immediate assignment to the highly specialized phases of nursing service for which they had been sent to France. Miss Delano appreciated, however, that since she was not in the field, she must accept the recommendations regarding the development of public health nursing of those who were in the field, even though her knowledge of the public health situation in the United States led her to question the soundness of these recommendations. She felt that she could not go overseas and see for herself, because the chief duty of the Nursing Service was to secure nurses for the Army and she felt her presence was needed in this country to accomplish that end. Uncertainty was present in her mind regarding the wisdom of developing this extensive service for the civilian population and the resulting anxiety formed one of the great burdens which weighed upon the shoulders of Miss Delano and Miss Noyes.

The War Department established passport rulings which materially increased the difficulties under which the Red Cross was already laboring to secure nurses.[4] Notable among these

[4] Under date of February 23, 1918, the Secretary of State wrote to National Headquarters: "I deem it important to call your attention to the fact that this Department, upon request of the War and Navy Departments, has for some time been declining to issue passports for Europe to near female relatives (this is, wives, daughters, mothers and sisters) of Army and Navy officers. The Department considers it advisable to follow the same policy with regard to the issuance of passports to near female relatives of persons who are sent to Europe for the Red Cross."

Under date of June 7, 1918, Brigadier General William S. Graves, assistant to the Chief of Staff, National Army, wrote to the associate Director of the American Red Cross Bureau of Personnel, in part, as follows: "The Secretary of War . . . has . . . adopted the following

was the so-called "brother ruling," which forbade the issuance of a passport to any nurse who had a brother in military service. In one group of thirty nurses ready to sail eleven were held because they fell under this regulation. During the summer of 1918 the "brother" restriction was removed and the Nursing Service was able to send many more nurses to France.

National Headquarters also sent over nurses' aides for service with the Children's Bureau. Thirty aides were called for by Dr. Lucas in November, 1917, for work in connection with children's hospitals and orphanages and the first group of them arrived in Paris on December 15. Other units were subsequently sent. Nurses' aides were required to be able to speak French fluently and to have volunteered their services. Many also paid their own expenses. National Headquarters also required that they undergo the training and pass successfully the examination for nurses' aides which has been outlined in a preceding chapter. They were instructed to report upon arrival in France to Miss Russell and to work under professional direction. They were usually housed with American Red Cross nurses in the various children's hospitals, dispensaries and other establishments maintained by the American Red Cross in France. On the whole, they rendered excellent service. "Up to August 1, 1918," stated the Gilder Report of the Children's Bureau, "not one moral question had arisen in relation to any aide in this service nor had any complaint been received from any nurse or doctor as to the poor work or lack of discipline of any aide. The Nursing Service at Washington should receive the credit for the high state of efficiency of this branch

rules: 1. Under no circumstances will the War Department approve the issuance of passports to go to Europe for the wives, mothers, sisters or daughters of the following classes of persons: Officers or enlisted men of the United States Military Forces; male civilians employed with the Red Cross, Young Men's Christian Association or other organizations of a similar nature, that may be in Europe; civilians employed or attached to the American Expeditionary Forces.

"'2. Any of the female relatives enumerated in paragraph 1, who have recently been to Europe but at present are in the United States for any reason whatsoever, are now included in the restriction imposed by paragraph 1 above.

"'3. It is quite useless for any one belonging to the restricted classes, cited above, to request an exception in her case as no exceptions will be made.'

"It is realized that this policy may deprive the American organizations now coöperating with the Army in France of desirable material from time to time, but it is believed fairer and wiser to adopt and announce a policy which will undoubtedly be for the best interests of all concerned."

of the service, as it was the result of their careful selection. . . . Untrained women as they were, the majority of them coming from luxurious homes, they never murmured at any task . . . and the nurses were unstinted in praise of them."

The activities of the Children's Bureau looped France, from Toul southward down the valley of the Rhône, from Marseilles on the Mediterranean to Bordeaux on the Bay of Biscay, and northwards through Blois, Corbiel, Paris and Rouen back to the devastated regions of the Marne and Aisne valleys. To recount all the activities of the Children's Bureau in the many diverse forms of child welfare work would lie outside the province of a history of the Nursing Service; only the projects in which nurses participated have a definite place therein. However, this was no small part, as will be shown in the following pages.

The first call which came to the Commission to Europe was a children's call, from the *Département Meurthe-et-Moselle.* The rich grain fields surrounding Nancy and the city itself, where mills were humming with essential war industries, were under fire from German asphyxiating bombs and shells. The peasants wore gas-masks and reaped the harvests but the children were too young to wear the masks and had to be cared for elsewhere. They were gathered together and taken to Toul, which lay immediately to the southwest of the Nancy district.

On July 26, 1917, M. Mirman, then prefet of the *Meurthe-et-Moselle,* telegraphed to the Committee of the American Fund for French Wounded that three hundred and fifty children had suddenly been put in his charge and that he had nothing but a temporary shelter for them in some old barracks at Toul. He asked for assistance at once. Mrs. Isabel Lathrop, president of the Committee for the American Fund for French Wounded, to whom the telegram was addressed, brought it to the newly-established headquarters of the American Red Cross in France. Major Murphy asked Dr. Robert Davis to answer the call.

Within a few hours Mrs. Lathrop, Dr. Davis, another physician, a nurse, two aides, a bacteriologist, an administrative director and two women to look after supplies were on their way to Toul in cars loaned by the American Fund for French Wounded. Another camionette which carried milk and clothing followed them. They arrived late that night and found the three hundred and fifty children, twenty-one of whom were babies under twelve months of age and the others young chil-

dren less than eight years old, huddled together in an old barracks, which was dirty and practically unfurnished, with no sanitary arrangements whatsoever. "The sick children were crowded in with the well ones," wrote Mrs. Lucas, wife of Dr. Lucas. "Skin diseases were prevalent and vermin abounded."

On the following day Prefet Mirman and the representatives of the American Red Cross set up a temporary organization. M. Mirman stated that the French Government would furnish new and sanitary barracks constructed of brick and cement, of a capacity for housing 800 persons; would provide lighting, coal, water and food in the government rations furnished to all refugees; would assign soldiers to do the heavy work and employ the necessary unskilled women's labor, and would supply beds, bedding and clothing and all transportation of supplies from Nancy or Toul. The American Red Cross agreed to take over the complete direction of the center, to furnish doctors, nurses, drugs and all hygienic equipment, all extra diets and all supplies and equipment necessary for the recreation of the children.

From this beginning the "Toul project" of the Children's Bureau developed, with the coöperation of Prefet Mirman, the Committee of the American Fund for French Wounded and the American Friends' Unit, into a children's home known as the *Asile Caserne de Luxembourg,* with a capacity of 500; a Children's Hospital; a Maternity Hospital; a dental department; a system of dispensaries, and a second refugee *asile* at Fellering, in the Vosges. At the children's home, the *Asile Caserne de Luxembourg,* the Red Cross set up and maintained a diet kitchen and the French Government established school and church services.

Dr. John P. Sedgwick was first in command of the *Asile Caserne de Luxembourg;* on December 1, 1917, Dr. Maynard Ladd, of the Harvard Medical School, was placed in charge of the work of the Children's Bureau in the *Meurthe-et-Moselle.* "Miss Phelan," wrote Miss Leete to Miss Russell on December 3, 1917, "is in charge of the group of nurses at Toul and has been doing remarkable work under most trying conditions." Six Army nurses on detached duty and three American Red Cross nurses, Eugenia L. Acevedo, Helen Z. Gill and Laura E. Kreamer, scrubbed and painted the long, dirty barracks, set up and made the small white beds and got the hospital ready for their young patients. It was opened late in October, 1917,

and in the next two months admitted over 150 cases of measles alone. At first the hospital had only one operator, one assistant, two etherizers, one set of instruments, one stove ("very French," a nurse described it) and no running water. Later the Red Cross supplied excellent equipment. "In nine months," wrote Gladys H. Porter, one of the nurses later assigned to duty there, "we operated on about eight hundred cases, a record of which the most modern hospital might be proud, much more one in the war zone. Our first big rush was a drive on tonsils."

In a letter addressed to the *American Journal of Nursing,* Miss Phelan wrote of Toul:

> This is an old walled city and is wonderfully interesting with its crooked streets and narrow passages leading back to interesting looking courtyards. There is an old cathedral here, some parts of which date back to the twelfth century. The *Caserne* is located on a hill outside the city and was formerly used for barracks. I came up here to take charge of the nurses and my first commission was to prepare one of the long, ugly buildings for a hospital. It looked discouraging five weeks ago, but to-day it is really attractive.
>
> We never could have done what we have if the Friends had not sent us five young men. The Friends are doing some of the best work that is being done in France. These boys are all college men, but they can do anything and everything and do not hesitate to undertake the most menial labors. We are having an epidemic of measles just now; we have fifty patients to-day. There is very little acute illness. Most of the children have scabies, impetigo and heads, just the conditions we find in some branches of public health work at home.[5]

After the period of pioneering was over, Miss Phelan returned to Paris and the direction of the nursing activities of the *Asile Caserne* was assigned to Josephine Ellet. Miss Ellet was graduated from the Johns Hopkins School in May, 1917, and had been in charge of a ward of the pediatric department there until she sailed in November for France. She was a Virginian by birth and was a young nurse of intelligence and ability.

In January the Children's Hospital opened a surgical ward for peasant women from the surrounding neighborhood.

[5] *American Journal of Nursing.* Vol. XVIII, p. 487.

Exhausted from manual toil in the fields, privation and the sufferings of the past four years, these women were in great need of medical attention and the surgical division of the Children's Hospital averaged six major operations daily four days each week. Helen Z. Gill was head nurse. The hospital at the *Asile Caserne* received 1042 patients, of whom 12 died. Six hundred and forty-eight operations were performed.

A Maternity Hospital was opened on March 1, 1918, at the *Asile Caserne*. The Germans had bombed a maternity hospital at Nancy the day before and Prefet Mirman telephoned to Major Ladd to ask if the Red Cross would take care of the expectant mothers and other patients. Major Ladd consented and several of the nurses, two French women and the Quaker orderlies converted one of the barracks of the *Asile Caserne* into a hospital in six hours. "At four o'clock that afternoon," wrote Miss Ellet, "the patients arrived and our first baby was born two hours later."

The Red Cross furnished clothing, if it was needed, to the mother, and supplied layettes for the babies. If a pregnant woman had children at home and if her husband was at the front, she was allowed to bring her children during her confinement to the *Asile Caserne,* where they too were cared for until she was well enough to go home. Before leaving the hospital, each mother was taught to bathe and care for her child and was shown proper methods of feeding it. If the mother was unable to nurse it, a supplementary feeding was provided and given under sterile conditions. When the mother was well enough to go home, she was given written instructions regarding the care of the child and was urged to report at regular intervals to the American Red Cross dispensary nearest her home to have the baby examined.

This dispensary service which radiated out from Toul through the *Meurthe-et-Moselle* and the Vosges was an important phase of child welfare work in France. In December, 1917, the American Fund for French Wounded and the American Red Cross entered into agreement to establish joint dispensaries in centers where none had previously existed or where there was a dearth of local medical care for the civilian population. The system consisted of seven base dispensaries which operated twenty-six sub-dispensary units and two *creches*. The personnel of a base dispensary unit usually consisted of a doctor, two public health nurses, an aide and a chauffeur to drive

a camionette. The doctor and the nurses established headquarters at the base dispensary and then made the rounds of the sub-dispensaries in the camionette. Dr. Karlton G. Percy was the medical director of the system.

Base dispensaries were located at Toul, Nancy, Lunéville, Neuve Maison, Gerbéviller, Épinal and Foug. The Nancy group, which included seven sub-dispensaries, was entirely financed by the town of Winetka, Illinois. The Lunéville group of six sub-dispensaries was financed in part by the Destitute Babies' Aid Society; the Gerbéviller group was supported by the American Fund for French Wounded; Épinal by citizens of Baltimore, Maryland, and Minneapolis, Minnesota; Neuve Maison by citizens of St. Paul, Minnesota.

The dispensary service worked in close coöperation with the *Asile Caserne de Luxembourg*. When children or women in need of operation or prolonged medical care were found in the radius of the sub-dispensaries, they were sent to the Children's Hospital or to the surgical or maternity wards.

Early in March, 1918, a colony of nine hundred refugee children from the Nancy district were sent under the patronage of Prefet Mirman to Dinard, where the warm sun on the beaches and the fresh salt air helped to drive tuberculosis from their emaciated bodies. They went under the chaperonage of French teachers and principals from the Nancy schools. Dr. Karlton G. Percy, chief of the Red Cross dispensary system in the *Meurthe-et-Moselle*, and several Red Cross nurses accompanied the convoy from Toul to Dinard and remained there until a permanent staff was sent up from Paris. Mary C. Nelson, a nurse who had gone to France in November, 1917, with the Rockefeller Tuberculosis Commission, was one of the nurses and she remained at Dinard as supervisor. Dr. May Allen was the medical director.

Dinard was practically deserted during the war. The *Hôtel Royal* was taken over for the girls and the boys were housed in another hotel at St. Lunaire, on the seashore five miles west. Both of these hotels had been used by French troops and the military authorities had left some bedding, beds, dishes and other equipment. The walls were damp and in many places the paper hung in tattered strips, but the floors were comparatively clean. Dr. Allen secured French women to clean the hotels. Not the least of Dr. Allen's and Miss Nelson's difficulties was the problem of laundering some large, heavy and

exceedingly handsome sheets which wealthy residents of Dinard presented to the colony.

The Children's Bureau established a dispensary with a small infirmary at Dinard and treated from forty to fifty children every day, furnished all sick and anæmic children with nourishing food and provided clothing, linen and drugs as needed. The children suffered from tuberculosis and diseases due to malnutrition. Their hands were covered with sores, "which in many cases went as deep as the bone." [6] Some had scabies and at first vermin were a veritable plague to them all. During the month of May, 1918, the total attendance at the clinics was 2540. Eighty-one children were cared for in the infirmary. At this time three American Red Cross nurses and six aides were on duty at Dinard.

A second colony which consisted of 110 girls was installed in a château at Damarie-les-Lys near Melun and the Children's Bureau supplied medical and dental treatment.

Throughout the spring and summer of 1918 the Toul project expanded and flourished under the happy coöperation of Prefet Mirman, representing the French Government, Mrs. Lathrop, representing the Committee for the American Fund for French Wounded, and Dr. Ladd of the American Red Cross Children's Bureau. In September, however, the military needs engulfed the work for the civil population; American troops went into action at St. Mihiel and the *Asile Caserne de Luxembourg* was converted into an evacuation center for American wounded. In August the children were sent to Neufchâteau, Nancy and Lyon. The *Asile Caserne* with its hospitals was transferred from the Department of Civil Affairs to the Department of Military Affairs and was expanded in a week to a one thousand bed military hospital. The nurses already at the *Asile Caserne* were taken into the military service and "casuals" were rushed up from Paris Headquarters. An American Red Cross mobile unit with Major McCoy as commanding officer and Miss Meirs as chief nurse, took possession of the *Asile Caserne* on September 11 and established American Red Cross Hospital No. 114 and at dawn two days later one thousand American wounded had come back from St. Mihiel. The *Asile Caserne* with its hospitals and clinics thus disappeared from the reports of the Children's Bureau.

[6] See Report of Dr. Allen, Weekly Report of the Children's Bureau ending June 8, 1918, p. 6.

The American Red Cross closed its dispensary service in the *Meurthe-et-Moselle* and the Vosges on January 1, 1919. Some of the dispensaries were taken over by the Women's Overseas Hospital Unit, others by the American Fund for French Wounded, still others by private organizations which were given financial assistance by the French government. Dr. Ladd, chief of the Toul project, wrote that "we have had 33,232 dispensary consultations since the American Red Cross came to the *Meurthe-et-Moselle*; 29,307 of these consultations have occurred since January 1, 1918; 9797 of these represent new cases."[7]

During the fourteen months in which the Toul project was maintained, the following division of responsibility existed between the Committee for the American Fund for French Wounded and the American Red Cross: One-half the number of motor cars which were used were supplied by the American Fund for French Wounded, one-half by the American Red Cross; one-third of the graduate nurses and aides were furnished and their salaries paid by the American Fund for French Wounded and two-thirds by the American Red Cross; over five-sixths of the total expense was borne by the American Red Cross, the remainder by the American Fund for French Wounded; all medical service and all supervision and administration was provided by the American Red Cross.[8]

A second northern province to know the work of the American Red Cross was the Department of the Somme. On August 15, 1917, the Children's Bureau received an appeal from Nesles and seven villages in the immediate vicinity. The plight of these villages, Matigny, Croix, Moligneaux, Mesnil, St. Nicaise, Rouy-le-Grand and others, was pitiable. They had been captured and occupied by the Germans in the early years of the war and had been recaptured by the French in March, 1917. The retiring Germans had sent the strong, able-bodied women and children to Germany and had systematically looted the country which they were evacuating. From the little farms the enemy took furniture, bedding, cooking utensils and all farm implements. Orchards were leveled and isolated houses bombed or burned. In some of the villages no house remained intact. Yet among these bleak ruins still existed many old women and men and approximately twelve hundred

[7] Gilder Report, Vol. III, p. 8.
[8] *Ibid.*, p. 14.

young children, many of them suffering from ringworm, impetigo, scabies and blepharitis. "They looked stunned and sullen," wrote Mrs. Lucas, "and no smile could be teased from them."[9]

The village of Voyennes had formerly had a population of nine hundred souls, but in 1917 only four hundred and fifty remained. The mayor and the school teacher begged above all else for bathing facilities. During the German occupancy each civilian had been required to take a shower-bath once a week, but upon the enemy's retirement all bathing facilities had been destroyed and since March the civilian population had suffered greatly. One hundred and seventy children had been collected in this village and were going to school. "One wonders at the poise of the little French child," wrote Mrs. Lucas, "or is it just the eternal child, eager to learn, that sends these sick children to school in the midst of devastation and within hearing of the guns? And in all the villages are the old, old people," she added. "They are so terrorized, so heart-broken there is nothing more that life can do to them. They do not seem to be asking for a place to live in but a place in which to die undisturbed."

The Children's Bureau sent Dr. John C. Baldwin, of Baltimore, to establish child welfare work in Nesle. The French offered the American Red Cross a small tuberculosis pavilion in the grounds of the *Hôtel Dieu* and with the assistance of two American Red Cross nurses, Mary A. Brogan and Susan D. Potts, and two aides, Dr. Baldwin established a clinic at Nesle and a weekly dispensary service through nine outlying villages. Dr. Baldwin wrote of the pioneer work:

Weekly Report, October 25-
November 3, 1917.

> The situation which confronted us upon arrival at Nesle was a difficult one. . . . The thermometer registered zero. Some one had removed the little iron stove from the pavilion and our only means of heating was a Dutch oven with a broken stovepipe. The water works had not been repaired, so there was no running water. Supplies which had been requisitioned for the *Hôtel Dieu* and for ourselves were heaped together in the *Hôtel Dieu*, still packed. As they

[9] See letter written September 22, 1917, by June Richardson Lucas, to the Director, Dept. of Civil Affairs, American Red Cross in France.

were identically marked, we had to unpack all of them to discover the things we needed for the night. Darkness came soon and we used the lamps from the auto. . . .

Sunday passed rapidly in an attempt to shovel and sweep the mud and dirt out of the pavilion. Walls and ceilings in some of the rooms were scrubbed. Monday and Tuesday cleaning was continued and a semblance of order created in the drug room, supply room and staff quarters. Signs are being painted by a local artist for our building, which has been christened "Pavilion Joffre."

The spirit of the nurses in meeting the real hardships of the period of invasion has been splendid. No one has grumbled at wet feet and lame shoulders. Noses have been red at breakfast, but we've eaten it standing and juggled our coffee glasses (we have no cups yet) from hand to hand as we hopped about to keep warm.

The little American dispensary nestled down behind the high and forbidding wall of the *Hôtel Dieu*. Every morning an average of twenty children came through the ancient portal or the grille gate behind the garden in the rear and were treated for skin diseases and other ailments resulting from malnutrition. Miss Brogan and Miss Potts ran a small hospital of twelve beds. "The work was very gratifying," wrote Miss Potts, "not only because all but two of our patients recovered, but because the hospital was so small that we came to regard the children as our own little family and they in turn grew responsive and affectionate."

Nesle was close to the British front lines and the Red Cross relief work for the civilian population there was greatly limited by war restrictions. Passes could be secured only with great difficulty and it was impossible to circulate in the Nesle district without passes. Gasoline could not be procured and so much of the dispensary work which had been well organized in many neighboring towns had to be given up. Yet records of the small child welfare station at Nesle showed that 777 children were examined by the American Red Cross during the month of February, 1918.

On February 15 the British Fifth Army took up its headquarters at Nesle and five weeks later bore the brunt of the fury of the German offensive of March 21, 1918. Upon the evacuation of the city, the American Red Cross welfare station was abandoned. Miss Potts wrote:

> On March 23, the Germans for the second time advanced with lightning speed and a few days later left little Nesle a heap of ruins. On that twenty-third day of March we evacuated very hastily in a large camion with a hand-bag each and with what supplies we could gather together. We took with us an eight weeks' old baby, a girl of fourteen who had tuberculosis, several burned and several convalescent cases and hurried to Roye, southwest of Nesle.
>
> The noise of battle was quite as terrific there as it had been at Nesle and we soon evacuated again, with refugees from Ham, Nesle and villages all along the line. We started by camion for Montdidier, but progress was slow through the congested traffic of terrified refugees, carts, cattle, dogs, geese and pigs.
>
> Miss Brogan and I went to Amiens, to find the mother of our eight weeks' old baby Daniel. He had been fed at 7 A. M. but we could not find food for him until three that afternoon; an *infirmière* at a hospital at Amiens then gave him a little milk. . . . Dirty with camion and train dust, jostled and jolted, hungry, tired and sleepy, he had never whimpered through the journey.

Complete records of the Red Cross child welfare station at Nesle were lost in the evacuation of the city.

At Amiens, as at Nesle, the work of the Children's Bureau was destroyed almost before its complete initiation. In August, 1917, a public health nurse, Annie A. Rathbone, had begun to do visiting nursing under the auspices of the *Secours Américaines pour les Refugées*. Her expenses were at first paid by Major Richard A. Cabot, but soon afterwards the work was supported by the American Red Cross and Miss Rathbone was attached to Miss Ashe's service. Miss Rathbone's duties at Amiens consisted in visiting from house to house among the 11,000 refugees. Until such time as the Red Cross could arrange to assign a pediatrician to permanent duty at Amiens, she distributed food and assisted at a clinic which was conducted by a French physician. The long anticipated arrangements were finally completed early in 1918 and Dr. Baldwin, of Nesle, held his first clinic about the middle of March. A second nurse, Miss Flanagan, was sent up to assist Miss Rathbone.

However, at dawn on March 21, the enemy launched his offensive at the junction of the French and British lines near Cambrai and the possession of Amiens hung in the balance

while Gough's Fifth Army, cut off from the British at Arras and the French at Le Fère, struggled in chaotic disorganization until French and British reënforcements came up on March 26, filled the gap at Moreiul and slowed up the German drive. Amiens did not fall, but the civilian population fled from the city on the sixth day of the offensive. Miss Rathbone, Dr. Baldwin and the nurses from Nesle, the members of various American colleges and the Friends' units fell back in the general evacuation to Montdidier and Beauvais and thence to Paris. Records of the American Red Cross child welfare station in Amiens were lost in the evacuation of the city, an account of which appears later.

Évian-les-Bains, the gateway through which the Germans flung back to France inhabitants of the occupied northern provinces, who were too old or too young or physically unfit for military purposes, was a town with a normal population of about 2000, situated in France a few miles from the Swiss border on the slopes of the hills which rise above the southern shores of exquisite Lake Geneva. Nearby were the French villages Annemasse and Thonon; the snow-capped ranges of the Bernese Oberland rose in the east. In peace times Évian had been one of the smartest and most expensive of the French watering-places. However, in 1917 and 1918, its two *Ritz* hotels, its casino with theater, gambling rooms, restaurant and music hall, its alkaline springs and bathing establishments, its parks and boarding houses were daily the scene of a woeful influx of *rapatriés.*

The reception which the French Government extended to its *rapatrié* citizens was a cordial and efficient one. Representatives of the Minister of the Interior established in the Évian Casino a smoothly running system of reception, entertainment and distribution to other parts of France of all *rapatriés* who entered Évian. Two convoys, carrying about six hundred and fifty people each, arrived daily, the first at six o'clock in the morning, the second at four o'clock in the afternoon. Two French nurses and a French physician attached to the government service boarded the trains at Bouberet Station and received from the hands of the Swiss nurses who had accompanied the *rapatriés* to the French frontier, a list of all the sick, infirm and old on the convoy who needed attention.

En route from Bouberet to Évian, a numbered bag was given to each family and the *rapatriés* were instructed to put their

belongings in them. They were then given checks and the bags were stored at the station at Évian until the owners claimed them upon leaving the city. A list of all the people in the convoy was also made out, to be given to the *Commissaire Special* upon arrival at Évian.

With flags flying and a band playing, all Évian met the convoy trains. Sometimes a train was made up of third-class carriages; again it might be composed of cattle cars, but as it came winding slowly around to the station the windows or the apertures were black with outthrust heads and waving arms. On the platform nurses, ambulance drivers, *rapatriés,* government officials and local committee members cheered and waved their flags in response and as the train drew in, stretched out eager hands to help the weary *rapatrié* dismount.

Some cheering and singing, others with the easy tears of age running down their cheeks, still others dazed and silent, the old women and men, the sick mothers, the thin, curious-eyed children set foot again on French soil and marched down the narrow street to the Casino, with the band playing bravely at the head of the straggling line. In a big cheerful room of the Casino hot food was served to them and the prefet of the District welcomed them home. The band struck up the *Marseillaise* and they sang, haltingly at first, then with a great cry "*Marchons, Marchons!*" that rang to the flag-draped ceiling.[10]

The next step was that of identification. A card was given each *rapatrié* which enabled him to draw allocation and an effort was made to get in touch with his relations. If clothing was needed, it was issued. Medical examination followed; carriers of parasites were segregated and treated; those too ill to go on were detained at Évian for hospitalization. Those who were in good health, who had means of subsistence and who did not desire government assistance in traveling, were allowed to go, at their own expense, to whatever locality desired, exceptions being Paris and the war zone. Those who had been claimed by relatives and desired to travel at government expense were hospitalized at Évian for the moment but were allowed to leave either by the first convoy out or to go individually as soon as arrangements could be made. Those who were waiting to be claimed by relatives were cared for by

[10] For an excellent description of the arrival of *rapatrié* trains in Évian, see "The Children of France and the Red Cross," by June Richardson Lucas, pp. 1-11. Frederick A. Stokes Company, 1918.

the government at Évian or at Thonon or Annemasse. Those who were not claimed after a due period of waiting were sent to *rapatrié* centers which were maintained by the government.

Early in September, 1917, Dr. Lucas went to Évian to ascertain if assistance from the Children's Bureau would be needed, and if so, acceptable. He found that only thirty-five beds were available in the entire region for the hospitalization of children. Moreover, no systematic medical examination was given to the children as they passed through Évian, to find out if they were in fit condition to continue on their way, and already complaints had begun to come from various parts of France that *rapatrié* children were bringing in virulent contagious diseases.

On September 27 Dr. Lucas took Dr. C. F. Gelston, of San Francisco, a member of the original pediatric unit, and Mr. W. C. Stevenson, an administrator, to Évian. A conference was held the following day between officials of the French Department of the Interior, the *Service des Rapatriés* of Évian, the *Comité aux Rapatriés de Lyon* and the three Americans. It was decided that the American Red Cross should establish a medical service at the Casino for the examination of every *rapatrié* child immediately after its arrival in Évian and a hospital nearby to take care of the children who were not in condition to continue on their way.[11]

In an alcove of the main hall of the Casino Dr. Gelston set up his examining booth. The equipment was simple, three chairs, an electric light, a table with tongue depressors, a stethoscope. All the *rapatriés* filed through this hall of the Casino and as the line moved forward an American Red Cross aide stopped all children under sixteen and led them over to the booth. Here another aide assisted the American doctor while he examined the child's throat. A nurse stood by to take statistics and remarks on each child as they were called off by the physician. After examination another aide tagged the child for treatment at the American dispensary, at the dentist's or at the Children's Hospital. Healthy children were allowed to go on immediately with their parents or guardians to other parts of France.

The nearby American Red Cross Children's Hospital was established in the *Hôtel du Châtelet*, which had been built in

[11] Report of the Red Cross Children's Bureau, Rosamond Gilder, Vol. III, p. 18.

a handsome park on a sloping hillside above Lake Geneva. Several private villas nestled among the rose gardens and flowering shrubbery and these were utilized for various purposes, one as a dispensary where both dental and medical work was done, another as a temporary orphanage, a third as nurses' quarters. The *Hôtel du Châtelet* itself had many open balconies and long windows, so the large, high-ceilinged rooms were flooded with sunshine and fresh air.

On October 19, 1917, nine child welfare nurses, with Miss Ashe in charge, went up to Évian and opened the Children's Hospital. Fifty children were admitted and twenty-one discharged during the first week of its maintenance. The maladies from which these patients suffered included measles, chicken-pox, scarlet fever, diphtheria and tuberculosis. Some of the skin diseases resulting from undernourishment were in advanced stages and very repulsive.

Following Miss Ashe's return to Paris after the first days at Évian, Miss Helen King, a laywoman, was placed in charge at Évian. She became ill and a Red Cross nurse, Susanne Hoskins, was put temporarily in charge. In December, 1917, Helen Almy Bigelow, a Massachusetts nurse, arrived at Paris Headquarters and was immediately assigned to Évian as chief nurse. Miss Bigelow was a graduate of the Children's Hospital, Boston. She had done public duty nursing in that city and had had institutional experience in the Cleveland City Hospital. She later was supervisor of the pediatric service of the New York Nursery and Child's Hospital and resigned from this position to undertake work with the Children's Bureau.

The number of nurses at Évian varied. On December 3, 1917, there were twelve. For the major part of the time the number was maintained at a strength of fifteen graduate nurses, four American aides and ten French aides. The employment of American aides on a comprehensive scale was soon found to be impracticable. Their lack of training in the care of contagious diseases made them of little use and, moreover, they were constantly contracting the diseases because they did not know how to take care of themselves.

Dr. E. J. Lappe, of Portland, Oregon, was medical director of the Châtelet Hospital until January 15, 1918; he was then transferred to Nesle and Dr. Gelston took over the direction of the Children's Hospital in addition to his work in examina-

tion of children at the Casino. Dr. Florence Child was the resident physician at the Châtelet Hospital; Dr. Dorothy Child was the dispensary and laboratory doctor; Dr. Raymond Mixsell, of Pasadena and Dr. E. K. Armstrong, of Chicago, later were in turn *médicin-chef* of the Châtelet Hospital. Mr. W. C. Stevenson was in charge of administration.

The *rapatrié* children who filled the sunny rooms had known to the full the hardships of existence in a country occupied by the enemy. Many of them came to the hospital with their stunted little bodies clothed in rags. Their eyes, which peered out big and black from pinched cheeks, were full of a wisdom and a hunger that greatly endeared them to the American nurses.

The Germans closed their frontiers on February 26, 1918, and the convoys stopped, but on May 21 they began again and continued uninterruptedly until August 3, 1918. Between October, 1917, and August, 1918, 65,801 children were examined at the Casino; 1809 of them were cared for in the American hospital, 1824 were treated in the Red Cross dispensary and 2597 were treated in the dental dispensary.[12] The convoys were resumed again on September 16 and continued until November, 1918.

The Germans in November ceased to return the *rapatriés* through Évian. The convoys were then sent through Holland and Dr. Gelston was instructed to organize at Dieppe a service similar to that at Evian. Eighty thousand *rapatriés* were returned to France in November and December, 1918, through Holland and 1750 children were examined at Dieppe. Fifty-one of them received hospital care at a small pavilion which the *Hôpital Mixte* loaned to the American Red Cross.[13]

The work of medical examination and hospital care, both at Évian-les-Bains and at Dieppe, was perhaps the most far-reaching in its professional phases and the most appealing in its human aspects of any of the projects undertaken by the Children's Bureau. "The Red Cross at Évian," wrote Leila Halverson, a nurse, "saved many sick children's lives and protected the lives of many others who were well, by segregating the sick from the healthy before they had had opportunity to spread the contagion."

[12] Gilder Report, Vol. III, p. 22.
[13] *Ibid.*, pp. 41-42.

Southwest of Évian lay the large industrial city of Lyons, which during 1917 and 1918 became a stronghold of Red Cross child welfare work in France. Évian was primarily a center of evacuation. The French authorities insisted that the *rapatriés* be sent on to other localities as rapidly as possible so that this small border town would not become congested. The Children's Bureau was forced to look elsewhere for a site on which to establish a convalescent home for children coming from the Châtelet Hospital at Évian. Dr. Lucas took over for the purpose the *Château des Halles,* at Ste. Foy l'Argentière, thirty miles from Lyons. Later, the Children's Bureau developed and maintained two large convalescent homes, two contagious hospitals and an extensive dispensary service in the Lyons district, all an outgrowth of this first orphanage at Ste. Foy l'Argentière.

Château des Halles had been the country estate of Monsieur Mangini, a French engineer who built the Riviera railroad. Upon the death of Madame Mangini he had presented the estate to *l'Hospices Civils de Lyon* upon condition that it be used as a convalescent hospital for children. *L'Hospices Civils de Lyon* was one of the oldest charitable organizations in Europe. It had been founded about 900 A. D. by Queen Hiltrud and had been in continuous existence ever since. "It is heavily endowed and is very well managed," wrote Dr. Howard Kennedy Hill, a pediatrician of the Children's Bureau, "and all the hospitals of Lyons are under its control."

L'Hospices Civils de Lyon offered the use of the *Château des Halles* to the Children's Bureau free of charge, provided that the American Red Cross would leave it equipped as a hospital after the war was over. It was then being operated by Dr. Ellen Cover of San Antonio, Texas, Mrs. McKinnon of Oklahoma City and Miss Louise Bybee. It stood high upon a hill, heavily wooded with old cedars, pines and redwoods. It was surrounded by a farm which furnished milk, butter, eggs and fresh vegetables in abundance. The Château had been built in 1885 with modern conveniences, but the Red Cross had to enlarge the heating and lighting facilities to hospital dimensions. Much of the beautiful carved furniture was left in the Château, but the handsomely carved woodwork of the walls was covered for protection. However, the murals, the white marble stairway with its crimson carpet and the fine mantels still gave to the interior of the Château dignity and charm.



An American Red Cross child welfare nurse with her charges in the grounds of the Orphanage and Convalescent Hospital, *Château des Halles*, near Lyons, France.

During the first days of November, 1917, a detachment consisting of a director and four Red Cross child welfare nurses were sent up from Paris headquarters to prepare the *Château des Halles* for occupancy. Dr. Frances O'Neill, one of the physicians of the second pediatric unit under Dr. J. Mason Knox, was in charge; Sophie C. Nelson was chief nurse. Miss Nelson was born in Copenhagen, Denmark, but was a naturalized citizen of the United States. She was graduated from the Waltham (Massachusetts) Training School for Nurses. In April, 1916, she undertook infant-welfare work for the board of health of Cambridge, Mass., and later became superintendent of the Public Health Nursing Association, Louisville, Kentucky. With this experience as a background and with a fluent knowledge of French, Miss Nelson proved herself an able organizer and executive. Moreover, she was possessed of an unusually winning personality.

Frances B. Archer, Elmira W. Bears and Mary P. McCandlish were the other nurses. Mrs. Florence Lee Holtzman, of Washington, D. C., a laywoman of initiative and business acumen, first had charge of the financial details at the Château.

By November 22 the nurses had cleaned the wards and set up rows of small white cribs in readiness for the arrival of ten children from Évian. Other detachments were soon sent in rapidly until there were seventy patients in the Château in February. The nursing staff, though reënforced by several aides, was limited and the heating facilities were very poor, so Dr. O'Neill did not dare for the time being to take a larger number of patients. The Château had some sixty rooms which were at first heated only by wood fires. The fall of snow around Lyons was heavier in the winter of 1917 and 1918 than it had been for forty years. "The enormously thick stone walls made the Château a veritable ice-box," wrote Dr. O'Neill, "and I have often wondered how those American nurses and aides stood the cold. Surely they must have suffered."

The professional work at the *Château des Halles* differed very little from that at other hospitals of the Children's Bureau. Here were the same sick babies, the same thin, wistful young children to nurse and feed and bathe. "A depressing thing," wrote Dr. O'Neill, "was the inability or possibly fear of one child to play with another. The Boche rule had held them down so long that they would simply sit where they had been put until they were told to move." To be always hungry,

to be sick and frightened, to have seen their parents, their brothers and sisters killed, to have watched their homes burn down with *"mes affaires,"* which means everything to the French child, seemed to have choked the play instinct within them and they sat motionless and dumb.

"To me perhaps the saddest sight," continued Dr. O'Neill, "was the little Boche babies abandoned by their mothers as soon as they reached French soil again. I have seen several families where part of the children had French fathers and part had had Boche fathers."

As soon as the children were fully recovered they were sent to the *Societé de Secours aux Rapatriés* at Lyons, a well established French organization under the leadership of Madame Gillet-Motte; she maintained two establishments in Lyons, one for boys and the other for girls, and a barracks where children suspected of exposure to contagious diseases were placed for observation. The *Societé de Secours* made efforts to return the *rapatrié* children to their parents or relatives.

The *Château des Halles* had originally been intended for use as a convalescent home for children, but on account of the great number of children examined at Évian and the lack of space there in which to house children for the proper period of observation, contagious cases slipped by to Lyons and were then taken to the Château, which caused it to be quarantined frequently. Another disadvantage was the location of the Château thirty miles from Lyons; the railroad service from Lyons to Ste. Foy l'Argentiére was poor and the transportation of patients and supplies became a difficult problem. For these reasons the Château did not entirely meet the need for convalescent beds, so about May 1, 1918, the policy which governed its maintenance was changed. Dr. O'Neill was transferred to Paris, the nurses were reassigned to other more vital service and *Château des Halles* was used as an orphanage where children were sent for summer outings. It was then filled to capacity.

As has been suggested, the primary need at Lyons was for a general hospital for children which would care for cases from Lyons and *rapatriés* who slipped through Évian. On February 6, 1918, Dr. Clifford Grulee, of Chicago, had arrived at Paris headquarters for work in the Children's Bureau. Dr. Grulee had been assistant professor of Pediatrics at Rush Medical College and attendant pediatrician at the Presbyterian Hospital and the Home for Destitute Crippled Children

and his book on Infant Feeding was regarded as an authority throughout the United States. Upon his return in 1918 from France he became professor of Pediatrics of the University of Chicago.

Early in February, 1918, Dr. Grulee was appointed medical delegate of the Children's Bureau for Lyons and he immediately went there to develop the work. Sophie Nelson, hitherto chief nurse of the *Château des Halles,* was appointed as chief nurse of the Lyons district and she and Dr. Grulee undertook the establishment of a contagious children's hospital in Lyons, Hospital Violet; a convalescent home, La Chaux; a dispensary service, and some months later a special general hospital, Hospital Holtzman.

Before outlining the development of these institutions at Lyons a short statement of the educational work of the Children's Bureau is necessary, for to this phase of Red Cross endeavor was undoubtedly due in large part the success which attended the establishment of these hospitals and homes. The need in France for a strong public interest in child welfare work was vital; in a country where two adults were dying for every child born, the life of that child became doubly precious. In conjunction with the Educational Service of the Rockefeller Commission for the Prevention of Tuberculosis in France, the Children's Bureau undertook an educational campaign early in 1918 to awaken public interest in saving the lives of babies and children. Philip S. Platt was the first director of the Educational Service of the Children's Bureau. Ellen C. Babbitt, an American social worker, expert in preparing child welfare exhibits, joined the Children's Bureau on March 26, 1918, and assisted in the preparation of the exhibits. Health literature was published and distributed in large quantities. Two traveling exhibits were set up and sent through seven departments of France. Large child welfare expositions were organized by the American Red Cross in coöperation with the French Ministry of the Interior and the Infant Mortality League and were held in Lyons, Marseilles and Saint Étienne. The exposition at Lyons was, however, the first and largest of these.

A detailed account[14] of this exposition lies outside the province of a history of the American Red Cross Nursing Service.

[14] For such see Report of the Children's Bureau, Vol. III, Infant Welfare Campaign, Rosamond Gilder. Library, National Headquarters, Washington, D. C.

The exposition was opened in a large pavilion on the Place Bellecour, on April 9, 1916, by Senator Herriot, then mayor of Lyons. Health plays enacted by puppets, lectures, motion picture shows and charts illustrating all types of child welfare work formed the principal material of the exhibit. Among these were a series of some eighteen posters drawn in color by Anna Miles Upjohn, an American portrait painter. Demonstrations of dental hygiene and of the hygiene of the nose, ear and throat were held in separate booths. In the center of the pavilion on a platform surrounded by glass to keep it warm Susanne B. Hoskins demonstrated the proper care of a baby. "While the French people whom I met personally were very pleasant to me," wrote Miss Hoskins, "and used to crowd around to see the jolly, kicking baby plunged into the tub of warm water . . . they said we were foolish in coming over and trying to teach them how to care for their children. My answer was: 'We are only trying to show you our way.'"

The exposition at Lyons lasted from April 9 to April 30 and during these twenty-two days 173,155 people attended it, one-fourth of the population of the Lyons district.[15]

On April 1 the doors of the Children's Hospital at Lyons were opened. During the early summer of 1914 Dr. Violet, a French physician, had started a private hospital at 142 Cours Gambetta, Lyons, but upon the declaration of war he had been mobilized into the military service. His hospital, Hospital Violet, had been closed. The modern hospital building in which it had been located was unoccupied until March, 1918, when the American Red Cross rented it for use as a general hospital for children.

Ida F. Butler was chief nurse of the Hospital Violet. With Miss Butler's assignment to war nursing service in France came an interesting link with Civil War days. Her father, of New England stock and northern sympathies, was severely wounded in Virginia and was brought to the old Armory Square Hospital in Washington, D. C. While on duty as a volunteer nurse in this hospital, Ida de M. Fazio, a Washington girl of Castilian descent and southern sympathies, met him and they were married at the end of hostilities. A direct link between Miss Butler's family and the American Red Cross during the European War was through her brother, who as president of a large American insurance company, made possible the gen-

[15] Gibler Report, Vol. III, p. 158.

erous arrangements by which the American Red Cross was able to insure the health and lives of its overseas workers.

Miss Butler was a graduate of the Hartford Training School and was for twelve years head of the maternity and gynecological department of the Hartford Hospital. She then became supervisor of probationers. By temperament, she was direct and fearless, with a vivid and droll gift of expression and an intense loyalty for her friends. Above all else, she was conscientious, a good nurse who never forgot the old-fashioned ethics of the relation of nurse to patient.

Hospital Violet was opened on April 1 and drew patients from three principal sources. "Refugees from the north who had been sent to the two Red Cross orphanages, *Château des Halles* and *La Chaux*," wrote Miss Butler, "and *rapatrié* children coming from Évian were our emergency cases. Our constructive work was done in connection with children sent into the hospital from two Red Cross dispensaries established in Lyons."

The first of these dispensaries had been opened at 42 Avenue Berthelot in March, 1918, by Dr. Virginia Murray, of San Francisco. The dispensary treated *rapatrié* children then living in Lyons, and also children who had lived there since infancy but who because of the dearth of French physicians were in need of medical care. By July 1, 1918, this dispensary had treated over 1960 new cases. A second dispensary, located at 2 Avenue de la Bibliothèque, was opened on July 22.

As Miss Butler stated, these dispensaries were one of the principal sources through which patients were sent to the Hospital Violet and a great number of them were nose, throat and dental cases. Dr. William E. Wiggin of Lowell, Mass., was chief of the nose and throat department; his wife Laura Wiggin, a nurse, was his assistant and anesthetist. Dr. Raymond M. Watson of Waltham, Mass., was chief of the dental department and treated from thirty to fifty children daily four times a week.

Following the establishment of the Hospital Violet in April, 1918, a convalescent home, *La Chaux*, was opened early in May. *La Chaux* was located on the Rhône River eight miles from Lyons, and to this pleasant estate were sent three hundred children from Toul and two hundred and twenty children from Paris who had been hurried out of the city under the chaperonage of Paris school teachers during the spring bombardments. Two

nurses, Susanne B. Hoskins and Kathryn Flanagan, opened the old château late in April and set up the several hundred beds for the reception of the children. "The little brown cots neatly spread with the charming, vari-colored afghans made by American Red Cross Juniors," wrote Miss Flanagan, "surely were a joy to see. The entire château was surrounded by a terrace banked with wistaria, then in full bloom, and when those tired youngsters arrived from Paris, the first thing they saw were these vivid afghans and beyond the open windows, the fragrant flower-hung terraces." The children at *La Chaux* lived largely in the open air. Classes, drills and games were held and even meals were served on the terraces and in the gardens.

Neither the two orphanages, *Château des Halles* and *La Chaux,* nor the Hospital Violet, nor the dispensaries afforded exactly the specialization which the Lyons situation demanded, so on June 11, 1918, Dr. Grulee converted the Hospital Violet into a purely contagious hospital and sent Miss Butler to organize a hospital for acute diseases of children in the former German Consulate, 37 Boulevard des Belges. This was called Hospital Holtzman, in deference to Madame Holtzman's tireless efforts at *des Halles.* The nose and throat department was transferred from the Hospital Violet to the new hospital, but the dental department was attached to the main dispensary in the Avenue Berthelot.

The German Consulate, a "magnificent example of German ornate extravagance," had been built with the idea that the Kaiser would reside there whenever he chose to visit Lyons. It had seven bath-rooms, "each one finished in marble and onyx," wrote Miss Butler to Miss Noyes. "It makes the finest kind of service room. The old rose halls and the grand salons, now covered with brown paper to protect them," she continued, "are wards for children aged from two to four and the brilliant light from the magnificent glass chandelier dazzles their little eyes. The library is still full of valuable books; the shelves have been boarded up and sealed and the room is used as an infants' ward." Dorothy Cox, of Terre Haute, Indiana, was business manager; she had assisted Miss Babbitt in the development of the Lyons Child Welfare Exposition and remained at Lyons after the exposition was closed.

The Holtzman Hospital had a total capacity of one hundred and fifteen beds, but owing to the scarcity of nurses and aides due to the military needs, it admitted an average of only sixty

cases. Until July, Miss Butler's staff had consisted of four American Red Cross nurses, three American aides and numerous French aides, but by the middle of July, only one other nurse was left. One of the four had been taken ill and Miss Ashe had recalled two others and the American aides for assignment to the Department of Military Affairs, so Miss Butler and the fourth American graduate nurse, a French nurse from the Nightingale School at Bordeaux and ten French aides did all the nursing at the Holtzman Hospital. "At present we have nine bone cases," wrote Miss Butler to Miss Noyes on July 30, "and fifteen daily dressings,—little fingers and toes just sloughing away. We also have several cases of pulmonary tuberculosis and feeding cases with complications of all kinds." In August, 50 per cent of the young patients at Hospital Holtzman were tubercular.

The policies of the Children's Bureau included, it will be remembered, the training of French women to do "follow-up" work in the homes. These women were called *visiteuses d'enfants* and the value of their service depended almost entirely upon the type of woman selected and the intensive instruction given them by the Red Cross. A committee was formed which consisted of five influential women of Lyons and of Miss Nelson, chief nurse of the Children's Bureau in the Lyons district. Lectures were delivered to the *visiteuses d'enfants* by prominent French physicians of the city. American Red Cross nurses at the Hospital Violet gave them clinical instruction in the wards. Twenty-five women were chosen. The general arrangements were made by Elizabeth Mitchell, a nurse from Newport, Rhode Island. The course began in the middle of April and lasted until the first of June. It consisted of forty lectures, one of which was given each day. The practical instruction in the wards of the Hospital Violet and at the Red Cross dispensaries was given by the American nurses. Twenty-one women passed the examination successfully and were able to give material help in the Red Cross campaign against infant mortality.

In addition to the maintenance of the two orphanages, the contagious hospital, the hospital for acute diseases and the two dispensaries, the Children's Bureau at Lyons did much to coordinate local child welfare activities in Lyons. It also gave subsidies to French charity organizations. Moreover, a Red Cross dispensary was established in Roanne and a rest home

for pregnant women and a *pouponnière* at Vienne, both outlying villages near Lyons.

When the American Army planned its drive on St. Mihiel in August, 1918, the military authorities asked that the *Asile Caserne de Luxembourg* at Toul be converted into a military hospital. The five hundred children who were being cared for there were sent on September 2 to Lyons; three hundred and forty of them were taken to *La Chaux* and the others were distributed in various hospitals in the city. Even Lyons, however, was to share in the great need for hospital beds for the American troops during the influenza epidemic. A large reserve officers' training camp of the American Expeditionary Forces was located at La Valbonne, fifteen miles north of Lyons. Late in October, when the influenza epidemic became virulent, Colonel Morrow, U. S. A. Medical Corps, asked the Red Cross to find 10,000 hospital beds for American soldiers in and near Lyons. *La Chaux* was converted into a military hospital, as has already been stated, and military wards were opened both at the Hospitals Holtzman and Violet to care for influenza cases.

Twenty miles below Lyons on the Rhône River was situated the industrial city of St. Étienne,—"the Pittsburg of France," Dr. Richard Cabot called it. Both within the city districts and in the outlying villages, the normal population was doubled by the influx of refugees from the North, many of them the *rapatriés* who had passed through Évian. Only fourteen physicians were available in 1917 to care for the medical and surgical needs of these 250,000 people.

Early in November, 1917, citizens of St. Étienne asked the Children's Bureau to send them a pediatrician to undertake child welfare work. Dr. H. S. B. Smith and Eva Louise Smythe were sent from Paris Headquarters and opened a Red Cross dispensary at St. Étienne on December 31, 1918.

Eva Louise Smythe had had wide experience as a public health nurse. She was born on the Island of St. Helena. She was graduated from the Massachusetts Training School, Malden, and for sixteen years was office nurse and surgical assistant to a Malden physician. She then took up school nursing in Pasadena, California. In 1916 she joined the Red Cross Town and Country Nursing Service and for nine months did rural nursing in Doylestown, Pa. She went overseas with the first Harvard Unit to do special work for Dr. Cabot and served with the British Expeditionary Forces. She joined the Chil-

dren's Bureau in October, 1917, and was sent immediately to St. Étienne. She was a woman of strong personality, an executive who did not shirk responsibility; she was honest, direct, sometimes to the point of bluntness, and possessed of good judgment.

The mayor of St. Étienne donated a room equipped with electricity, gas, water and modern dispensary equipment; the American Red Cross furnished personnel, medicines, clothing and other necessary supplies. During the first months of her work at St. Étienne Miss Smythe assisted at the clinics held every afternoon at the dispensary and did visiting nursing in the mornings. Gradually Dr. Smith extended his work to the neighboring villages and established Red Cross dispensaries at La Talaudière, St. Chamond and at Roanne.

As the dispensary service developed, the need for a children's hospital at St. Étienne became more and more evident. Arrangements were effected whereby the American Red Cross appropriated 175,000 francs for the purpose of establishing such an institution, and the citizens of St. Étienne raised a similar amount.

This hospital, which was called Chantalonette and which was of 100 bed capacity, was formally opened on January 21, 1919. The American Red Cross turned it over entirely to the city of St. Étienne on March 20, but during the two months of Red Cross administration 267 cases were treated there and 231 operations were performed. Refugee children comprised 35 per cent of this number; the others were children from St. Étienne and the surrounding villages.[16]

The nursing personnel for these dispensaries and for the Chantalonette Hospital was recruited and trained entirely by Miss Smythe. Miss Ashe summarized Miss Smythe's work in the Weekly Report of the Children's Bureau ending July 6, 1918:

> Miss Smythe went to St. Étienne eight months ago, alone. She has never asked us for help and she has organized there a group of 24 French girls. I asked her where she got them, and she told me she went to the Normal School and asked for volunteers who could speak English to help her. Twenty-four women, all volunteers, responded and she has taught them, and right straight along these girls have gone with her and have had splendid training. She asked for an American

[16] Gilder Report, Vol. III, p. 43.

nurse to do the work at the child welfare exhibit, and I have sent her one nurse. I think that for a woman coming over alone, without a word of French, to have developed a situation like this is really quite remarkable.

Miss Smythe expects to get from her class enough nurses to put into the children's hospital about to open at St. Étienne, without asking us for American nurses. There were some school teachers of St. Étienne who came to Miss Smythe outside of school hours for the training.

One of Miss Smythe's first steps was to organize a little boys' club. St. Étienne is a manufacturing city, and is very dirty and crowded at the present time. The refugees have gone into abandoned houses, which in many cases are simply filthy holes. By putting up a prize of a pair of rubber boots, Miss Smythe aroused competition among the boys, and got these dirty streets and alleys cleaned up. She also started sewing classes for the girls, and they made necessary articles for the dispensaries.

St. Étienne was one of the three large industrial cities to be visited by the child welfare exposition of the Children's Bureau. The exposition was held in the *Bourse de Travail* between July 11 and July 28, and 80,000 people attended it. Margaret Frances McLeod, the single American nurse Miss Ashe wrote of who was sent by the Children's Bureau to assist Miss Smythe, described the attendance:

The hall was filled; over 5000 people attended the opening. The next day I think the entire city, or at least it seemed that many, visited the exposition and displayed intense interest. School teachers came not once but several times and brought their classes. The French girls from the best families in the city donned the Red Cross gown and cap and acted as interpreters and assistants for the doctors at the different clinics. Literature was distributed and educational posters displayed everywhere. I have never seen such real enjoyment and appreciation anywhere else and it was genuine.

My small part in the exhibition was to bathe the baby and dress it in the American way. I don't think I ever enjoyed anything more than that in all my nursing experience. You really felt the people were taking an interest.

The doctor and nurse at St. Étienne have accomplished more good in public health than any place in France. Their coöperation with the prominent city officials and the people of St. Étienne was truly remarkable. . . .

Directly below Lyons and St. Étienne lay the city of Marseilles, the southeastern gateway to France. Like its sister industrial cities in the north, its population had doubled. The housing facilities which had accommodated 600,000 in 1914 were wholly inadequate for the 1,000,000 and more who thronged the city in 1917. The war had practically inhibited new construction.

The population of Marseilles was a transient, cosmopolitan one. Soldiers, refugees and merchants of every race elbowed each other in the dirty, picturesque streets. A colony of Greeks and a colony of 120,000 Italians had settled there. Although unique among French cities, this population resembled that of many American cities and in this respect did not offer a social service and public health nursing problem unusual to an experienced American personnel.

Both the native and the refugee child suffered at Marseilles and would have suffered more had it not been for the efforts of some sixty local philanthropic institutions, of all types, which existed in the city and which expended in 1917 over 8,000,000 frs. for child welfare. The Children's Bureau as well undertook extensive work at Marseilles.

In January, 1918, Dr. and Mrs. Lucas, Dr. Oscar H. Sellenings, of Columbus, Ohio, and Miss Elizabeth Wallace visited the city and made a swift survey of conditions. Two facts brought out by this survey were: first, the need for relief work for the children; secondly, the need for infinite care and tact in developing this work, because of the large number of already organized *oeuvres*.

On February 6, Dr. Sellenings was assigned to Marseilles to develop child welfare work there.

On March 1 a meeting was held, at which representatives of between 40 and 50 institutions agreed to form an office central which would act as a "clearing house" for child welfare work at Marseilles. This office was established at the headquarters of the Children's Bureau, 33 Boulevard de la Liberté, and the American Red Cross contributed the services of a secretary to this organization.

Emily Hammond Smith arrived in Marseilles on March 4 to assist Dr. Sellenings in the development of the dispensary and milk station, and to develop public health nursing. Miss Smith was a graduate of the Children's Hospital, Boston, Mass. She was for two seasons superintendent of the North Shore

Babies' Summer Hospital, Salem, Mass. She later became assistant superintendent of the Children's Hospital, Boston, and resigned to enter Red Cross service early in 1918.

The Red Cross children's dispensary at Marseilles, which was called the *Maison d'Enfance,* was located in the Rue Tregance within the walls of old Roman ruins. On a rainy Saturday afternoon, March 16, Dr. Sellenings and Miss Smith opened the doors of the clinic and found the ante-room packed with mothers and babies.

Clinics were afterwards held on Tuesdays and Saturdays from 2 to 7 P.M., and the average attendance was 40 cases. Dr. A. M. Gove was in charge of the dispensary. Only children under 2 years of age were admitted at the *Maison d'Enfance.* A canteen for nursing mothers was conducted in connection with the dispensary. Milk formulas for bottle-fed babies were prepared there, and follow-up work in the homes was done by the nurses.

One of the principal aims of the Children's Bureau at Marseilles was to furnish assistance to *Nourrisons* Clinics. Dr. Gove, the American nurses and the French nursing aides gave medical and nursing care to babies at three such clinics; this particular service was only for well babies. The Children's Bureau also furnished a doctor for the *Dispensaire des Enfants Malades,* Rue St. Sebastian and for another local dispensary at No. 22 Roucas Blanc. Other miscellaneous activities included the establishment and maintenance at Aubenas, for three months of a dispensary for influenza cases, which was finally turned over to French physicians on their return from the front.

During its 14 months at Marseilles, the Children's Bureau made formal donations amounting to 106,500 francs to eight local charities: *Entre-Aide Feminine; Art et Charité; Asile St. Louis; Asile St. Joseph; Abri Maternal; Dispensaire des Infants Malades; Aide aux Veuves;* and five *creches.*[17]

Following the establishment of the dispensary service, the Children's Bureau held a child welfare exposition at Marseilles from May 27 to June 9 at the *Maison de la Mutualité.* In this building were the offices of some 35 local *oeuvres,* so the exposition was held in the very center of organized charity work of the city. It was arranged for by Miss Babbitt and her assistant, Dorothea Baldwin, and 32,231 people attended. One hundred and sixty-one motion picture shows were given and 296,250

[17] Gilder Report, Vol. III, pp. 48-49.

pieces of child welfare and anti-tuberculosis literature were distributed.

Marseilles supported only one local institution which hospitalized children under eighteen months of age. Children were boarded out and "in one institution not manifestly inferior to many others in management, locale or equipment," wrote Miss Gilder,[18] "the death rate was 49 per cent." The local *oeuvres* were not at that time prepared to provide one, so the Children's Bureau established a temporary hospital and preventorium in some barracks on the seashore outside the city. The Barrack Hospital, as it was called, was opened on September 6, 1918, with a capacity of fifty beds. At the same time, a convalescent home for boys, at St. Louis, to which the Children's Bureau had contributed both personnel and funds, was opened. During the summer, the staff of the Children's Bureau at Marseilles also rendered assistance in relieving an epidemic at St. Maximun, and to two *nourissons* clinics.

Early in October, 1918, Dr. Sellenings returned to the United States and Dr. May Agnes Hopkins took over the direction of the work at Marseilles. A general reorganization of the child welfare activities was brought into line after the Armistice and, under the leadership of the local organization, the *Art et Charité*, the citizens of Marseilles formed a special committee on child welfare, which was called the Franco-American Committee and which agreed to act as a central clearing house for child welfare after the withdrawal of the American Red Cross. This committee took over the dispensaries, the visiting nursing and the *nourissons* clinics; in addition, they had a nine-years' lease on a convalescent home for children, San Joseph, which was located just outside the city.

In November, 1918, the American Red Cross appropriated 150,000 frs. to be given to the Franco-American Committee, with the understanding that it was to be divided into three separate sums, of 50,000 frs. each, to be spent for three separate projects. The first of these sums was to be used to maintain a permanent convalescent home for infants and children up to four years of age, at San Joseph and was given on the condition that "an equal sum be guaranteed to make a permanent fund of 100,000 frs. for the running and management of the San Joseph Convalescent Home for Children, for a period of at

[18] Gilder Report, Vol. III, p. 45.

least three years."[19] A second provision of this bequest was that the Home should be directed by a graduate nurse experienced in the care of children; that she should have a staff of trained assistants; and that the Home would be used as a teaching center for the training of *visiteuses d'enfants.*

The second sum of 50,000 francs was to be used for the dispensary for infants and children at No. 1, Vieille Tour, and it was also given on condition that the citizens of Marseilles raise an equal amount, thus guaranteeing a principal foundation of 100,000 francs. One of the special purposes for which this bequest was made was for the development of health visiting and visitors in the dispensaries and in the homes of the children who attended the clinics. Like the Convalescent Home at San Joseph, this nursing service was to be under the direction of a graduate nurse experienced in child care and the dispensary was to be used as a teaching center for *visiteuses d'enfants.*

The third sum of 50,000 francs was also given under condition that a similar sum be raised by the French, with the understanding that the total sum of 100,000 francs should be used for a school of *visiteuses d'enfants.* The course of training was outlined by Dr. Lucas:

> The course of health visitors to cover a period of at least six months; three months are to be given in practical work at some children's institution such as San Joseph, or some other institution controlled by this committee and by the medical and nursing staff appointed by this committee to carry on the theoretical and practical training of these health visitors. The other three months are to be given to teaching home visiting, using Dispensary No. 1, Vieille Tour, as a base, and the special district as the training place for practical home care of mother and child.
>
> It is not intended, of course, to limit the places of training to these two institutions, San Joseph and the dispensary at No. 1, but simply that these two be used as the basis for practical and theoretical training, and, further, that a course of 36 lectures at least be arranged, covering the subjects of pre-natal care, nursing and general hygiene, and feeding of the child, to be given by members of the medical profession chosen by this Committee, engaged especially with qualifications and training for such teaching.[20]

[19] Gilder Report, Vol. III, pp. 52-53. See letter of Dr. W. P. Lucas, addressed November 29, 1918, to the Franco-American Committee for Child Welfare in Marseilles.

[20] *Ibid.*

On February 1, 1919, the Children's Bureau turned over its activities to the Office Central and withdrew from Marseilles. The local organization, *Art et Charité,* took over the dispensary in the Rue Tregance. The Red Cross pledge of a gift of 150,000 francs for the subvention of the School for Health Visitors and the endowment of the St. Joseph Convalescent Home for Boys and Girls, was fulfilled.

Toulouse lay midway between Marseilles and Bordeaux and here the American Red Cross held the last of its large child welfare expositions. The exposition was opened in the *Halle aux Grains* on October 20, 1918, and lasted until November 10. Eighty thousand people attended it. At the health clinics, 608 children received medical examination, 1362 were given dental treatment and 79 attended consultations on corrective gymnastics, making a total of 2147 children treated. Mary C. Nelson, the American Red Cross nurse who had been charge nurse of the Children's Colony at Dinard, was assigned to Toulouse and spent a month there doing pre-natal and child welfare work in connection with the exposition.

A group of interested people in Toulouse formed a Children's Committee for the purpose of training French girls to serve as child health visitors. The American Red Cross offered to assist the Committee in the development of the course, but the offer was not accepted.

Bordeaux was the principal southwestern seaport of France. Here the conditions of child health were as critical as at Marseilles. The birth rate at Bordeaux in 1913 was ten thousand and the infant mortality one thousand; two years later the birth rate had fallen to five thousand and the mortality remained at one thousand. Where the civilian population had had in 1914 the services of twenty-two physicians, in 1919 there were only six.

Although the American Red Cross developed an extensive program of emergency relief and left a foundation for constructive welfare work at Bordeaux, no nurses were assigned to duty there until October, 1918. The military situation was too pressing in the summer of 1918 for them to be spared for work with the children. The medical work there had first been initiated by Dr. Philip Van Buren Johnson, whom the Children's Bureau sent to Bordeaux in May, 1918.

The Nightingale School for Nurses of the *Maison de Santé Protestante*, which was the one professional school of nursing

in France, was located at Bordeaux and Dr. Hamilton had developed there a course in public health nursing. In August, 1918, Dr. Johnson recommended that the Red Cross present two scholarships to the Nightingale School in order that the services of two of Dr. Hamilton's pupils might be available for carrying on the activities of the Children's Bureau. These scholarships and eight additional ones were subsequently granted [21] and Dr. Johnson thus had the service of ten French nurses in the development of the relief activities of the Children's Bureau.

The emergency relief at Bordeaux was considerable. Late in June, Dr. Johnson established a twenty-five-bed hospital in the Bastide quarter near the *Maison du Bébé*. At Bagatelle, an estate belonging to the *Maison de Santé Protestante,* which afterwards became the site of the American Nurses Memorial building of the Nightingale School, a barrack hospital for children was established by Dr. Johnson and 405 cases were treated there in July, 1918. In August, a preventorium was developed at Soulac. A new dispensary at the *Maison du Bébé* was opened in September and twelve beds at the *Maison de Santé Protestante* were secured by the American Red Cross for permanent use by Bordeaux children suffering from acute diseases.

When the time came for the Red Cross to withdraw in 1919 from Bordeaux, the Children's Bureau established a foundation of 10,000 francs to be used for constructive child welfare work at Bordeaux. A permanent nursing organization entitled *L'Association Franco-Américaine pour les Infirmières Visiteuses* was organized. Its aim was to "establish in the city of Bordeaux an organization to coöperate with the training schools for nurses at the *Maison de Santé Protestante* and the *Hôpital Tondu* (and other similar training schools as may be subsequently decided upon) with the object of providing a special course of six months practical training in public health work particularly as applied to children." [22] The Board of Managers of the Association included Dr. Hamilton, Evelyn Walker, Madame Gounouilhou, M. Charles de Luze, Lt. Colonel Charles Cazalet, treasurer, and Docteur Mousseau. The plan of organization specified that the superintendent of the Association

[21] See Minutes of the Finance Committee of the Commission to France, September 17, 1918, p. 548.

[22] Contract of Agreement between Association Franco-Américaine pour les Infirmières Visiteuses and the American Red Cross signed January 1, 1919. See Gilder Report, Vol. III, p. 58.

should be an American graduate nurse; Evelyn T. Walker was appointed in October, 1918, to this position. Miss Walker was a medical social service nurse of experience and ability. Born at Cork, Ireland, of Irish parentage, Miss Walker was educated at private schools in Cork and London. Her professional training was obtained at the East London Hospital for Children and Dispensary for Women; she took a post-graduate course in medical and obstetrical work at Bellevue Hospital, New York City, and in 1914 attended lectures at the New York School of Social Work. From 1909 to 1911 she was in charge consecutively of the tuberculosis, the male medical and the children's division at Bellevue Hospital and later organized and directed the maternity social service work. Subsequently, she became supervisor of the Department of Educational Nursing and Fresh Air of the Association for Improving the Condition of the Poor. She went overseas for work with the Children's Bureau in July, 1918, did military nursing at American Red Cross Military Hospital No. 1, and on October 9, 1918, went to Bordeaux, where her knowledge of French, her pleasing personality and her professional attainments led to her appointment as superintendent of nurses of the district nursing association.

On a direct line between Bordeaux and Paris lay the ancient city of Blois, in the valley of the Loire. Blois was another of the French cities which in 1918 were crowded with refugee children and the Red Cross opened a dispensary there on February 21, 1918, and continued its maintenance for ten months. Dr. Bertha B. Stuart, of Portland, Oregon, was in charge of the activities of the Children's Bureau and with the aid of specialists who came down from Paris, she organized eye, ear, nose and throat and dental clinics. Mrs. Margaret P. Church, an American Red Cross nurse, assisted in the dispensary and gave anesthetics. Mrs. Church was a graduate of the Lee Private Hospital, Rochester, New York, and had had post-graduate work at St. Luke's Hospital, New York City. She joined the staff of the Children's Bureau in February, 1918, and instructed *visiteuses d'enfants* attending the Paris classes. She was then assigned to Blois.

The visiting nursing at Blois was at first done by *visiteuses d'enfants*. In her monthly report for June, 1918, Dr. Stuart wrote:

> At the dispensary, we have grown; we now have over 700 on our books. We have established a separate clinic for the

> feeding cases; each Saturday morning, the mothers bring in the babies, have them weighed and have their feeding supervised. . . . We have a French visiting nurse, a volunteer who does nothing but look after the small babies. She has a list of all babies born since January, 1917; she visits the homes, tells the mothers of the clinics and gets them to promise to bring their children. If the mother does not report the following Saturday morning, she goes again to see why she did not come. . . .
>
> Miss Zimmerman, an *"enfant visiteuse"* from the May classes in Paris, has been added to our staff and she is doing fine work both in the visiting nursing and in the social work. . . .

Early in the summer of 1918, the Red Cross established a pleasant summer home for children in a house loaned by the Marquise de Poitou, in the village of Chitney, just outside of Blois.

In August, 1918, Miss Ashe assigned Agnes R. Lenihan (Elizabeth General Hospital, Elizabeth, New Jersey) to Blois to assist Mrs. Church. Miss Lenihan did general visiting nursing and educational work. Early in August two *visiteuses d'enfants* from the Paris classes also were assigned to Blois.

There was need in Blois for a children's hospital, but the American Expeditionary Forces had taken over all the hospitals in the city and all vacant buildings suitable for use as temporary hospitals. However, officers of the Army Medical Corps were generous in aiding child welfare work and without their assistance the Children's Bureau could have accomplished little. "They took the X-ray pictures," wrote Miss Gilder, "did the laboratory work, operated on the general surgical patients, assisted with the orthopedic cases and loaned ambulances and camions." [23] The establishment of a permanent children's hospital at Blois was made possible, however, in 1919, by American generosity; the War Service Committee of the American Medical Women's National Association donated through the American Red Cross a sum of $25,000 which was used to erect a permanent children's hospital.

A quaintly interesting and typical demonstration of the work of the Children's Bureau was developed early in 1918 at Corbeil, a small manufacturing town situated some twenty miles south of Paris on the Seine River. Here as in other cities,

[23] Gilder Report, Vol. III, p. 61.

a dispensary was the entering wedge; it was authorized by the Children's Bureau on February 6. Dr. Margaret W. Farwell, whose original and energetic personality was reflected in breezy reports to Dr. Lucas, was placed in charge. Dr. C. D. Mosher, one time assistant professor of Hygiene at Leland Stanford University and in 1918 one of the staff of the Children's Bureau, and Mrs. Farrand, wife of the American health specialist, Dr. Livingston Farrand, took an important part in the development of the Red Cross child welfare work at Corbeil.

The beginnings of the dispensary service are pleasingly recounted in the following report written by Marion Posttethwaite Greene, of New York City, an assistant to Dr. Farwell:

> . . . We walked about the streets of the quaint little town, gathering groups of mothers and children on the street corners to listen to simple talks on hygiene, to invite them to come to the dispensary when in need of help and to urge them to bring their babies there for weekly weighing and inspection.
>
> The dispensary was opened on May 20 and there was never a moment when it was idle. Nearly all the French doctors had been mobilized; the few who remained were overworked . . . and the poor of the town were in misery and despair. News from the front was always bad; air raids harassed Paris by night and "Bertha" dropped her messages of death by day. Shortly after the dispensary was opened, Corbeil suffered an air raid and six people were killed and several wounded.
>
> One American nurse was assigned to us, but stayed only a week before she was called to the front. For some time Dr. Farwell and I worked on alone, I ignorant of nursing but doing what I could under her instruction. We soon had another nurse.

The first nurse to go to Corbeil was Amy F. Lowe, whose later work at the milk station at Marseilles has already been mentioned. She arrived on May 2 but was recalled on May 30 for work at the Tent Hospital at Auteuil. Molly B. Smith (Chicago Baptist Training School) was the second nurse mentioned above. She wrote:

> . . . I was assigned to the Red Cross Dispensary at Corbeil, where my work consisted in doing visiting nursing among the civilians. There were only two old doctors in the village, so we enlarged our field to include older children, but our work then became so great that we were forced to put an

age limit on children, admitting only those below sixteen years of age. The town itself had about 20,000, but we also nursed in five other villages nearby. Our clinic had begun with only one patient, but it soon became so famous that we had sixty-five cases in an afternoon. We emphasized three vital points: fresh air, personal hygiene and daily washing of the hands and face. At night we took walks and noted the windows that were or were not opened and spoke of it the next day. . . .

We encouraged bobbing the children's hair. It facilitated cleaning the children's heads from scurvy and other diseases. We did not emphasize its use as a prophylactic measure, but it became the style and was called the *Jeanne d'Arc* cut.

A further extract from Miss Greene's report follows:

We soon had another nurse, organized a "Baby Day," carried on two afternoon clinics a week, did dressings every morning from ten to twelve and between times visited from house to house preaching the gospel of fresh air and simple hygiene, cheering discouraged and war-weary women and trying to put a little joy into the drab-hued lives of the children, born and brought up under the shadow of war.

Frequent visits to the dispensary from the *poilus* on leave, to thank us for our work, made us always fresh and eager to do more and more, regardless of fatigue and long hours. "We fight with more courage now that we know you are taking care of our children," said one soldier in faded blue. And a mother who had carried her baby many kilometers on a suffocating August day said trustingly: "The babies of Corbeil do not die any more since the American ladies came, so I bring mine to be cured, too."

The dispensary treated refugees and *rapatriés* on presentation of their cards of identity; these cards were the ones which they had received at Évian-les-Bains. All children under sixteen years of age and all persons who presented a special card issued by the mayor of Corbeil were also admitted. During the months from June through October, 1918, 11,988 consultations were held. Eight *visiteuses d'enfants* were eventually assigned to Corbeil to carry on the home visiting and clinics were opened at neighboring towns, Saintry and Essonnes. A unique phase of the Corbeil dispensary work dealt with the care of American soldiers from the American Coffee Plant at Essonnes; whenever the doughboys were ill in hotels at Corbeil or were taken

sick at the station, as frequently happened during the influenza epidemic of October, 1918, they were brought to the Red Cross dispensary.

Another appealing outgrowth of the service was the Red Cross playground which Miss Greene organized in the fair grounds outside the city; play afternoons were held twice a week. In some of the districts of Corbeil, the houses were built directly on the streets and the children had no place where they might play except on the cobblestones. "After school closed," wrote Dr. Farwell in an August report, "we spent most of our mornings picking pieces of flint and gravel out of the hands of small boys and bandaging the legs of small girls who had lost much epidermis through falling on stone-paved streets." Miss Greene wrote of the playground:

> Our sole equipment was three rubber balls and boundless enthusiasm. A "gouter" was served, which consisted of a piece of bread and a tiny bit of chocolate or a handful of raisins. At that time children under thirteen were allowed only 200 grammes of bread a day. Dr. Farwell and I each had four hundred and we were able to save about one hundred a day on our allotment and we begged tickets from any and every Red Cross acquaintance we saw and were able to accumulate the necessary number of tickets from Thursday to Thursday. A friendly baker often gave me more bread than my tickets called for, asking me to say nothing or "the whole town would be upon my back!"

Paris was the heart of the American Red Cross in France and it sent life-giving aid to the Army in the form of supplies and medical, nursing, hospital and social service; to refugees in the form of food, clothing and temporary shelter; to *mutilés* through reëducation; and to so many other types of war workers and war sufferers in so many different forms that its organization webbed France like a capillary system. Paris was also the heart of child welfare work and American Red Cross medical nursing and social service was woven into the fabric of existence in many of the *arrondissements* of the city.

In addition to its normal population, Paris in the winter months of 1917-1918 was crowded with aliens, refugees and industrial workers brought there in the wake of war. The native population of the poorer classes suffered most from this influx of newcomers; they were sustained on lean rations, lived in

cramped quarters, often worked beyond the point of exhaustion, were harrassed by shells in the day time and by air raids at night, suffered disease and death from natural and war causes and were disheartened by the grave military situation on the Western Front. The children of this population were least able to withstand the strain of these conditions, so the Children's Bureau worked out an extensive program of medical and nursing service in an effort to save their lives. Pre-natal and infant welfare work was also undertaken. "It seems the custom has been to send babies to the country for the first few months of their lives," wrote Mary B. Ross, a child welfare nurse of the Bureau. "There they are nursed by a wet-nurse or given a bottle. This allows the mother to go out to work. And many babies die."

The aim of the Children's Bureau to "save the babies" found expression in the establishment and maintenance of fourteen dispensaries in Paris. In these dispensaries were conducted consultations in pre-natal care for mothers; clinics for the care of tubercular children and those in contact with tuberculosis; dental, nose and throat clinics; a diagnostic clinic; a children's hospital; an organization for the care and protection of the new born; and a social service center.

Dr. John B. Manning, of Seattle, Washington, was the first chief of the Paris dispensary work. In a report written May 1, 1918, Dr. Manning stated the method by which the Children's Bureau set to work:

> The first plan was one of coöperation with the Rockefeller Commission in the 19th Arrondissement.
>
> We began by operating dispensaries jointly with it. The medical work in those clinics is supplemented by courses in which French women are trained as home visitors by American nurses. It soon became evident that owing to unavoidable difficulties in securing labor under existing conditions, it would take months to carry out this program in the 19th Arrondissement. The Bureau then looked to other parts of Paris, from which numerous urgent requests for aid in the form of dispensaries had already come. Without in any way interfering with the Rockefeller Commission, careful consideration was given to these requests with an idea of placing dispensaries, as far as possible, in established French *oeuvres* where no dispensary had previously existed, or where because of the mobilization of its staff a dispensary had been abandoned.

> What we hoped to accomplish in our Paris work was: first, to supply equipment and personnel, doctors, nurses and nurses' aides, drugs and surgical dressings for these dispensaries; second, to establish relations as far as possible with competent French nursing women and competent dispensary management; thirdly, to develop a system of medical social service, including a program which has as its object the demonstration that competent visiting in the home in connection with thorough-going dispensary work is absolutely essential in any attempt to lower the rate of infant mortality.

Marie Phelan was head nurse of the Paris dispensary system. Her staff consisted of public health nurses from the United States. Dr. Manning wrote in his May (1918) Report:

> The steady grind of the work of our doctors and nurses gives no opportunity for spectacular service, but I am firmly convinced that it is bringing renewed hope to hundreds of poor homes in Paris and is laying a permanent foundation of health and hygiene for the future of the city. Too much stress cannot be laid on the value of the work of home visiting by the nurses. Their tact and sympathy have brought to many homes the peace of mind and cleanliness of living that are the first aids to health. . . .

The first dispensary was opened on December 5, 1917, in connection with a settlement house in Levallois, a large munition district just outside of Paris. Dr. Mabel H. Bancroft was in charge of it. Pre-natal care was an important phase of the Levallois Dispensary work. The nurses visited the home, instructed the expectant mother in the care of herself and in the preparation of a layette and recommended that the Red Cross supply various necessities. Dr. Bancroft wrote:

> We have had some very delightful results, especially in families where there have been a number of previous deaths among the babies. In all cases, I send them to the hospital, thus avoiding the complication of the midwife, which is a great evil. I have tried to make the idea of hospital care popular. . . .
>
> Once a week I have a conference of mothers. An average of twenty-five attend and we take up some one subject pertaining to mother or baby, as baths, clothing, exercises. They express great appreciation of what we try to do . . . and I tell them that whenever they think of the *Croix Rouge Ameri-*

> *caine* to think "open your windows and nurse your babies!" I have a feeling that we have been very close to these simple folk and they have received open-heartedly our attempts to make life brighter for them.

The next Red Cross dispensary to be opened was the Grenelle Dispensary, 17 Rue de l'Avere, in the 15th Arrondissement. Quarters were offered the Children's Bureau by the McCall Mission, a social settlement which had been conducted for some years by a group of American women. The American Red Cross took over the parsonage, reëquipped it as a dispensary and on December 1 received the first patients.

Nellie Reed (Garfield Memorial Hospital) was a public health nurse assigned to the Grenelle Dispensary. She wrote on March 6, 1918:

> . . . Madame Gallinlau, the wife of the minister who formerly ran this McCall Mission but who is now at the front, carries on his work. She has organized a Mothers' Club of 150 members, from among whom I hope to get my babies. . . . I had my first baby conference to-day.
>
> "Follow-up" work is not so simple as it sounds. The French are so formal that there is no casual dropping in to see a baby. Every visit is almost a ceremonial; there are always two or three to receive us and it seems as if I spend most of my time shaking hands. All school children *must* and will shake hands and their little fists are like all other little fists. Some of the homes look imposing from the windows; almost all of them have the loveliest lace or scrim curtains, but behind, just what we find at home, except that the setting is usually more artistic. I am entirely truthful when I say that I like the work very much and especially the French. The babies wear about the same kind of clothing that ours do and the mothers manage with little or much as the case may be.
>
> March 13. This letter was interrupted by a raid. The Boche planes come frequently now, and when they are not actually here we are expecting them, so it is rather much the same thing. Naturally the people are very much frightened and they literally pack themselves like sardines into the cellars. I think the average cellar is more dangerous than the second or third floor. There is much discussion upon this subject and we hear nothing else. The raids are very upsetting and disorganize everything: this week they had gotten the whole dispensary into a very nervous state.



A group of patients at an American Red Cross children's dispensary in Paris.



An American Red Cross children's dispensary in a small town in France.

The Grenelle Dispensary developed extensive coöperation with French welfare organizations. Frances S. Hoppen, a volunteer who had helped to organize the dispensary, wrote:

> . . . Patients needing special treatment were sent to Red Cross clinics for tuberculosis, throat and dentistry work and to the French *Hôpital des Enfants Malades* and other French institutions. Our nursery cared for the children who needed special feeding. We had such satisfactory results that the work increased to such an extent that we added an American volunteer aide and two excellent French ones (paid) to the staff.
>
> We worked in complete harmony with the local French authorities and charities, the *maire,* the Protestant Mission, the Catholic Sisters, Drs. Marfau and Houdre from the French Children's Hospital and about fourteen other homes and institutions and met everywhere cordial help and cooperation. The idea of a neighborhood house and district nursing in connection with dispensary work greatly interested the French doctors. We trained two social workers for the Children's Hospital and had many French *visiteuses d'enfants* sent to us to observe and learn. . . . We gave little money directly; our entire expenses, including the salaries of the French aides and the servants, came to about $300 a month.

On December 20, 1917, the third American Red Cross dispensary was opened at 20 Rue Censier, in the 5th Arrondissement. This dispensary, which was known as the Censier Dispensary, was established in response to a request from Mlle. de Rose, who had for some years maintained a large private charity there. The settlement consisted of a home for working girls, a school for children and a large apartment house for families. Freda M. Catlin (French Hospital, New York City) was assigned to duty there. She wrote:

> . . . Dr. Blair was in charge and Miss Phelan was head nurse. Rue Censier held clinics for children of all ages, for women and also two night clinics for working girls and women. These later ones had to be discontinued, however, on account of the raids; it seemed that the Boche always chose clinic nights to cover over. About the end of March the French women who had taken the course for the *visiteuses d'enfants* began to arrive, two at a time, for instruction in clinic work and home visiting. They stayed two weeks.

Another American Red Cross public health nurse on duty at Rue Censier Dispensary was Margaret F. McLeod.

A fourth dispensary to receive aid from the Children's Bureau was *La Courneuve* Dispensary, which had been maintained for some time by the *Mutualité Maternelle,* an extensive and powerful French charity organization, which was described by Dr. Manning in his monthly report, February, 1918:

> *Mutualité Maternelle de France* gives to women, in return for three francs a day, care during confinement and other aid in the form of a woman to do housework for nine days, also laundry, milk at reduced rates, layettes as needed and medical service both to mother and child. They have thirty-two stations in Paris, forty-three in the suburbs and others throughout France. They have 50,000 babies in their *Consultations de Nourissons*—and there is the explanation of our baby free clinics. Mr. Proussineau was extremely willing to coöperate with the Children's Bureau and assured us we could in turn do nothing in Paris without their assistance, which we know to be true.

An American doctor and nurse were assigned to the Dispensary at La Courneuve and the Children's Bureau finally built a temporary barracks to take the place of the old, mouldy building. Dr. Reed, the physician then in charge of the La Courneuve Dispensary, wrote in the Weekly Report of the Children's Bureau ending August 31, 1918:

> Most of the equipment is now in place and the walls are covered with pictures explaining child welfare work. Notwithstanding the holes in the roof and the cracks in the floor, some good work will be done here within the next month or six weeks. In the old dispensary, there were from eighty-five to ninety women and children each week; here there should be at least a third more than that. We have permission to go to the factories and tell about the dispensary.

Many children came to the various Red Cross dispensaries who were in need of operative work. On January 18, 1918, *l'Hôpital Marie-Helene,* 77 Rue Arago, Puteaux, a French hospital of twenty-seven beds which had been closed since 1914 on account of lack of funds, was reopened and patients needing operation were sent there from the dispensaries. The American

Red Cross paid five-eighths of the running expenses. An American surgeon did the adenoid and tonsil work there and an American dentist conducted a dental clinic.

A second small French hospital to receive aid from the Red Cross was *l'Hôpital Bicetre,* 19 Rue du Pasteur. An American Red Cross nurse was assigned to this small municipal hospital and later, when the French doctor who directed its management was called to the front, an American doctor took his place.

The Rockefeller Commission for the Prevention of Tuberculosis in France and the American Red Cross opened their first combined dispensary on February 15, 1918, at the corner of the *Rue des Mignottes* and the *Rue des Solitaries* in the *Quartier d'Amérique* of the 19th Arrondissement. The rate of infant mortality in this section of Paris was 350 per every 1000 births, the second highest rate in the city. This joint dispensary, which was called the Dispensary des Mignottes, was opened late in February, 1918.

Another French *oeuvre* to receive assistance from the American Red Cross was *Dispensaire Marie-Lannelongue,* 129 Rue de Tolbiac. This dispensary held consultations for nursing mothers each week under the direction of a French physician, and the Children's Bureau assigned to it two public health nurses to aid in the clinics and to do visiting nursing. In the Report of the Children's Bureau, for March, 1918, Dr. Manning wrote:

> This dispensary received daily assistance from our Bureau during the winter in the form of condensed milk for 40 bottle-fed babies and food for forty mothers who are nursing their babies. Once a week, 60 babies are brought to this clinic and weighed, about 30 each clinic day. Those who are ill or underweight are seen by the French physician in charge.
>
> Each day the milk is sterilized at the dispensary and given in bottles to the mothers. At a conference held this week, the president of the *Oeuvre* consented to permit our nurses, provided they would take over the handling of the babies, to go into the homes and try to teach the mothers baby hygiene. . . .

The *Mutualité Maternelle* had maintained a dispensary in the 19th Arrondissement at No. 9 Rue Edouard Pailleron, which was known as the Edouard Pailleron Dispensary. The Children's Bureau took over its maintenance in April, 1918, and held weekly consultations for nursing mothers.

The next Children's Bureau dispensary was opened in April 6, 1918, at 41 Rue de Poteau in a settlement house maintained by Mlle. Doillard. It was called the Poteau Dispensary. A special phase of this institution, which had been established by French women, was the *garderie scholaire,* where children of working women were kept between school hours and the time when their mothers returned from the factories. The Poteau Dispensary came in direct contact with some five hundred children.

The dispensary located at 40 Rue de Pre-Saint Gervais, also in the 19th Arrondissement, which was maintained by the *Assistance Publique,* was one of the largest of the dispensaries aided by the Children's Bureau. One of the American Red Cross nurses assigned to this dispensary, Juliet Snyder, described the nature of the work:

> This dispensary was conducted entirely by French personnel and it was in the nature of a concession that we were allowed to attend the clinics. At first we took names and addresses of only the worst cases and visited them, treating skin diseases and doing general public health and social service work. The dispensary was admirably conducted from a medical point of view.
>
> After several weeks, the French physician, who was at first not at all interested but always polite, began to ask us to visit certain homes and do special things which he recommended. After a few more weeks, he requested us to visit and instruct all new cases admitted, as a matter of daily routine. . . . After four months, the French physician declared that, to him, the work of the nurses was indispensable.

Located in the Rue de l'Argonne, 19th Arrondissement, was one of the pioneer dispensaries of the Rockefeller Commission. Here Dr. Manning conducted clinics for children. He wrote in his report for the week ending January 5, 1918, that the outlook is depressing unless the Red Cross is in a position to establish and maintain, together with or independent of the local school authorities, canteens for these children. "They need food, not tonics." This recommendation of Dr. Manning's was the beginning of a project by which the American Red Cross supplied a supplementary daily feeding to 27,812 school children. Many French mothers worked all day in the factories and the noon meal, the most substantial, was given to the children at school canteens. But it was not ample, so the

Children's Bureau supplied extra food to the amount of 35,873 kilos each month to the canteens. "In the arrondissement where 9050 children eat daily in the school canteen," wrote Dr. Manning, "fifty per cent of the food is supplied by the Red Cross."

The American Red Cross coöperated with the Rockefeller Commission and on September 23, 1918, a joint dispensary was opened at 21 bis, rue d' Argonne. This was also used as a teaching center for students who were taking the courses for *visiteuses d'enfants* which the Children's Bureau conducted.

The work of the Children's Bureau in the 19th Arrondissement thus included in the winter of 1918-1919 the maintenance of three large dispensaries,—at Rue des Mignottes, Rue Edouard Pailleron and Rue d'Argonne and the Social Service Center at 3 Rue Clarel. Dr. William J. French had been appointed director of the work in this district in September, 1918, and Nellie Reed supervising nurse. One of the nurses on her staff wrote that "Miss Reed proved an agreeable and capable head, welding the work and the personnel together into a good whole."

The child welfare program as finally worked out in the 19th Arrondissement included clinical work, instructive nursing in the homes, school nursing, pre-natal work and social service. Olive Simons, Helen M. Spalding, Juliet Snyder, Jeanette Hays, Katherine L. Mackenzie, Donalda Lanctôt, Anna M. Sundberg, Florence M. Peters, Lotetta C. Quinn, Edith Young and Miss Fearn formed the nursing staff. They were assisted by two American nurses' aides, Katharine D. Exton and Alma A. Clark, and numerous French *visiteuses d'enfants.* Social service work was done under the direction of Frances Stern, of Boston. Mlle. A. M. Godot, secretary to Dr. French, rendered enthusiastic service. Dr. French wrote of her, "Always my tongue and ears when dealing with the French people, Mlle. Godot has frequently been my mind as well and her judgment has been unerring."

The last American Red Cross dispensary in Paris was opened in January, 1919, at 126 Boulevard Belleville. Two nurses, Ethel V. Race and Felicie Manget, were assigned there.

When the Children's Bureau closed its program in the spring of 1919, a French committee, of which Madame Raymond Poincaré was president, was organized to carry on the work in the 19th Arrondissement; Mlle Godot was secretary. Fifty

thousand francs were subscribed and the basis of the French organization established.

A large dispensary to which the Children's Bureau furnished personnel and supplies, was located at Bobigny, Seine, some miles from Paris. Cora Kinney, the nurse assigned to duty there, wrote:

> My aide, who acted also as an interpreter, and I were taken December 6 in a Red Cross camionette to Bobigny. . . . The people are very poor . . . but the dispensary has been a dire necessity and there are many to be cared for. They are factory people and laborers and owing to the extremely high cost of living they have barely the necessities of life. Their houses are made mostly by themselves of wood, mortar and canvas; some have no windows or floors but are resting on the bare ground. In rainy weather, of which there is a plenty, the place is so deep in mud that they have to wade in it. Most of them have no water nearer than the canal, which means that some of them have to carry it as far as a half a mile.
>
> Our hours are from nine to twelve in the morning and from two to five in the afternoon, but our dispensary more often than not keeps us until about one o'clock at noon. In the afternoon we call at the homes to instruct mothers in general hygiene and the care of children. We were warned when we first came to be very tactful if we made calls, as the people would countenance no interference and we might be rebuffed, so we have not made a house to house canvas but have selected our calls and tried to gain their confidence. . . . Now they come to us for advice many times.

The statistics for the Paris dispensaries show that their time of greatest activity was in the early spring of 1918. During January, only 500 cases were treated and in February a few more than a thousand, but in March the cases treated in the fourteen principal dispensaries numbered 2383 and in April 2356.[24] In March, the visits paid to homes by the nurses totalled 732; in April 1264, an unusually high figure in view of the fact that home visiting had to be discontinued for two weeks.[24] These were the days when the Germans were shelling Paris in the daytime and making raids with bombing planes at night. Moreover, it was a time of intense activity on the Western Front.

[24] Gilder Report, Vol. III, p. 114.

In this history it is impossible, from lack of space, to list all the French *oeuvres* to which the Children's Bureau gave assistance. The dispensaries described above were the principal units of the Paris child welfare program. Full details, however, regarding these and allied projects, may be found in the Gilder Report.

One of the most constructive and enduring phases of American Red Cross child welfare work in Paris was the training of French women as *visiteuses d'enfants.* Mention has already been made of similar courses offered in Lyons, Marseilles and Bordeaux, but those given at Paris were the most numerous and the most extensive.

Miss Leete organized and developed the first courses of instruction in Paris. On May 1, 1918, she was, however, assigned as chief nurse of the Auteuil Tent Hospital and Miss Ashe took over the general direction of this work. Mademoiselle Marie Diemer, a French woman, was asked by the Children's Bureau to serve as *directrice des Visiteuses d'Enfants.* In her final report to Dr. Lucas, she wrote:

> The *visiteuses d'enfants* were part of a big scheme elaborated by Dr. Lucas to insure children's welfare in France. They were to have their first experiences under American nurses especially trained in home visiting and then to carry on the work.
>
> Let us remember that, although for many centuries Sisters of Charity have taken care of the poor and suffering, the "visiting nurse" and "health visitor" as known in America or England are quite new in France.
>
> A few months before the war, I had been one of the promoters in France of visiting nursing and with Mlle. de Montmort created the *Infirmières Visiteuses de France.* In the spring of 1917, I helped to organize *l'École Sociale des Surintendantes d'Usines*—the *surintendantes* or "ladies' superintendents" having in charge the health and welfare of women employés in factories, more especially in munition factories. I have also during four months acted as executive secretary to the French Committee of the Fatherless Children of France, which I left for the more active work entrusted me by the American Red Cross.

The French women who applied to take the courses were selected by Mlle. Diemer. "A few of the candidates had had experience as French Red Cross nurses," Mlle. Diemer wrote.

"Others had already taken care of young children. Several had suffered from the war, being refugees, war orphans or war widows. All were eager to do their best and were grateful to the *Croix Rouge Américaine* which enabled them to earn their living as well as to help the suffering babies of their own country."

The first lecture of the first course was given on February 20, 1918, at the *Fondation Budin,* the memorial erected to the founder of child welfare work in France; the lecturer was Dr. Lesage, then executive secretary of the *Ligue contre la Mortalité Infantile.* Twenty-six candidates had been accepted. The course consisted of lectures, all given at the *Fondation Budin,* on maternity by Dr. Devraigne, Dr. Weill-Hallé, Dr. Lesage, Dr. Dora Mantoux and Dr. Loude; on children's hygiene, tuberculosis and contagious diseases by Dr. Guinon and Dr. Besson; and on social laws and social charitable organizations for mothers and children by Madame Weill-Raynal, Dr. Lesage, M. Emile Leven, Mlle. Bassot and Mlle. Diemer. These lectures were given in the afternoon. The following outline of the lectures, an outline which appeared in the syllabus issued by the Children's Bureau, gave the general scope and subject matter of the lectures:

History (one hour): Brief review of child welfare conditions and influences ancient and modern, showing the changing attitude towards the child; infant mortality, its causes and remedies. . . .

Motherhood (seven lessons): Pregnancy; lactation; conferences with practical demonstrations.

Simple Anatomy and Physiology (two hours): A study of the parts of the body and their functions. . . .

Infants (seven hours): (a) The normal infant, its rest, exercise and food; lactation; bathing and clothing; proper handling; weights; special symptoms, their recognition and treatment; (b) the abnormal infant, diseases of respiration . . . and intestinal disturbances . . . care of excreta, ear, nose and throat complications; brain and nervous system. . . .

Children (seven hours): Child life, the need for examination, guidance, protection, recreation, food and rest . . . special diseases of importance, contagious infectious, . . . tuberculosis . . . venereal . . . respiratory . . . of special organs.

Hygiene and Sanitation (four hours). . . .

Social Legislation (two hours) . . . *Oeuvres d'Assistance; Lois d'Assistance.*
Social Organization (one hour). . . .
Practical Sociology (three hours). . . .
Household Economics and Dietetics (three hours). . . .
Practical Demonstration in the preparing of artificial foods; varieties of artificial foods; milk and control of milk supply; milk modifications and mixed feeding.
Statistical Methods (three hours). . . .
Child Welfare (three hours). . . .

Practical instruction was given by American Red Cross public health nurses at French institutions and American Red Cross dispensaries. These nurses were Marie Baurle, Mary E. Bailey, (Mrs.) Margaret P. Church, Marie C. Ells and Elizabeth G. Mitchell. Each of these nurses had under her care five or six pupils. Mlle. Diemer wrote:

> The pupils went in groups to *l'Hôpital des Enfants Malades, Crèche de Convalescence des Infirmières—Visiteuses de France, Dispensaire de la Nouvelle Etoile, Jardin d'Enfants de l'Amélioration des jardin oeuvres* and others. During the third month they went to the American Red Cross' own children's dispensaries and accompanied the nurses in home visiting.

An examination followed the course of lectures and practical instruction. Of the twenty-six candidates who entered the first course, seventeen were graduated. Three of these joined the *Association des Infirmières de France* and eleven entered the service of the Children's Bureau and were assigned to duty at Porchefontaine, Plessis-Piquet, Levallois, Bicetre, Blois and the American Red Cross Dispensary in the Rue des Mathurins. The names of these first *visiteuses d'enfants* to be entered as French aides on the rolls of the American Red Cross were Helene Desbons, Mlle. Devingtmuid, Mlle. Duprat, Mme. Etcheberry, Alice Frency, Mme. Henri-Jean, Mme. Langlois, Edmée Plenelist, Marie T. Plenchol, Jeanne Zimmerman and Mlle. Nouchet.

The facilities for the practical instruction of the *visiteuses* had not been wholly satisfactory, so early in April, 1918, the Children's Bureau effected an arrangement whereby part of the *Pouponnière de Porchefontaine*, in the little town of Versailles, was secured as a teaching center for the pupils. The

Pouponnière was a large French sanatorium to which unmarried mothers were sent for treatment and care on the condition that each of them nurse her own child and an orphaned baby as well. Many difficulties attended the maintenance of the *Pouponnière.* Versailles was in the heart of the bombing belt and was also under fire from "Big Bertha." There were no modern conveniences such as Americans were accustomed to, in the buildings. The stables where the cows were kept, were connected with the house. Because of the scarcity of food and the resulting exorbitant prices, the diet for the mothers was hardly adequate and the babies were as a result anæmic and sickly.

Marie Baurle, one of the nurses who had instructed *visiteuses d'enfants* during the first course in Paris, was sent out to Porchefontaine to take charge of the pavilions secured by the Children's Bureau as a teaching center. Of her work there, Miss Ashe wrote:

> Miss Baurle, a graduate of the Boston Children's Hospital and one of the few nurses of the Bureau who spoke French fluently, was put in charge. When Miss Baurle took over the management of these two houses, each contained twenty-eight babies and seventeen wet-nurses. The conditions were most discouraging. The babies were colorless and flabby and though they were bathed regularly they were not kept clean. . . . The windows were never opened and the odors in the building almost unbearable. Miss Baurle found children as old as eighteen months being fed from seven to nine times a day on soup and diluted milk.
>
> The difficulties of bringing about a change in this régime were great . . . but Miss Baurle was able to change the diet, open the windows and get the babies out of doors. The improvement in their appearance after a short time was quite remarkable. They practically lived outdoors and had a fine, rosy, robust mien which rejoiced one's eye and heart to see!
>
> Miss Baurle was not able to bring about one very necessary reform which she felt was vital to the well-being of the babies. She believed that the nursing mothers were not properly fed. Each one of these women who was an unmarried mother nursed one baby besides her own and the food was very inadequate to supply the nourishment required by two babies. Until Miss Baurle took possession, nothing whatever was being done for the mental or moral betterment of these women. She met with a good deal of opposition when she essayed to introduce simple amusements for their leisure.

> . . . From a teaching point of view, the experiment at the *Pouponnière* was thought to be a great success.

Later, the American Red Cross took over the entire management of Porchefontaine. The divided responsibility had made many difficulties, so on September 14, 1918, an agreement was entered into between the *Pouponnière* of Porchefontaine and the American Red Cross by which the American Red Cross assumed the complete control of and responsibility of all expenses in running the institution for three months after the cessation of hostilities. The Red Cross also agreed to provide medical and nursing service. In November and December, the diet for the nursing mothers was improved and the general hygiene and sanitation at the *Pouponnière* bettered. Of particular value were the services of a group of Quakers. The establishment was turned back to the French authorities on April 2, 1919.

To return to the *visiteuses d'enfants,* the second course was opened on May 1, 1918. Owing to the fact that the *Fondation Budin* was then under fire by Big Bertha, the lectures were given at the Lyceum Club by Mrs. Devagne, Drs. Weill-Hallé, Lesage, Aviragnet, Renault, Guinon and Besson and by Madame Budin, M. Leven, Madame Devouge and Mlles. Bassot and Diemer. The five American Red Cross nurses who had had charge of the practical instruction had been called into military service, so a French nurse, Mlle. Oelker, acted alone as monitrice. Fifteen *visiteuses* were graduated; thirteen of these entered the Children's Bureau and were assigned to Red Cross child welfare institutions.

A third course was organized to begin early in July, but owing to the military crisis was postponed until October. This proved to be a large class; there were twenty-eight candidates. Professor Pinard, Drs. Weill-Hallé, Guinon, Méry, Collin, Besson and Donet, and Mme. Devouge and Mlles. Raub and Diemer gave the theoretical instruction. Practical demonstrations took place at Porchefontaine. Upon graduation, nine *visiteuses* entered the service of the Children's Bureau.

In evaluating the work of the American Red Cross in Paris, the preparation of these *visiteuses d'enfants* stands out as a major accomplishment. The thirty-two graduates who entered Red Cross service formed practically the principal nursing strength of the Children's Bureau at the time when the military

crisis made necessary the withdrawal of American Red Cross nurses from civilian work to engage in care of the wounded of the American Expeditionary Forces. Moreover, these courses introduced the idea of public health nursing, as developed by the American nursing profession, into France. The last phase of accomplishment was summarized by Mlle. Diemer:

> In creating the "visiting of infants" the Children's Bureau not only secured trained health visitors who proved useful in American Red Cross organizations, not only helped to save the lives of babies in poor crowded towns or among the refugees, but gave a living, an aim, to French girls heart-broken by the war. I have seen some of them who had looked once so despairing, come back in their blue uniforms, with rosy cheeks and brilliant eyes, happy to talk about their babies, eager to tell of the welcome they found in dark lodgings and suburb huts.
>
> Some of the *visiteuses d'enfants* have learned more than the lessons their four months' course could give them. They have learned from "their American family" the great lesson of social work; work that requires not only good abilities and special training but the utter gift of one's self.

During the German offensives of the spring of 1918, the city of Rouen, northwest of Paris, was crowded with refugees from Belgium. The condition of these refugees and especially of the children was pitiful, so the Children's Bureau sent up a physician and nurse to organize a dispensary where acute cases might be treated. The *maire* of Rouen donated a building and the American Red Cross held clinics there where from twenty to forty children were examined daily. Social service work was extensively developed. The dispensary also established cooperation with the *Syndicate de Sage Femmes* and periodic instruction on questions pertaining to child-welfare was given to midwives.

Dijon, in the *Département Cote d'Or,* was the location of the Camouflage Camp of the 40th Engineers, American Expeditionary Forces. Many French women, however, were employed here; they spread the yards of burlap out on the ground and applied the water colors with brooms. The strips of burlap were then carried into long sheds and hung on racks to dry. "The ground, the workers, the buildings, the very sky itself," wrote Mrs. Lucas, "seemed covered with green, yellow, brown,

yellow and green mixtures, terrible stuff to work with, so wet, so messy and so smelly." [25]

At the Camouflage Camp the need for a *crèche* where mothers could nurse their babies was very great, so the Children's Bureau established one there in July, 1918, and sent an American Red Cross nurse, Mary E. Mather, to run it. Miss Ashe wrote:

> The *crèche* was a simple affair, but it was made wonderfully attractive for the children by camouflage artists who donated their Sunday rest to the decoration of the walls with marvelous Mother Goose figures. The American boys stationed at the Camouflage Camp took the greatest pride and interest in the babies and were joyful whenever a case of tiny garments or toys arrived.[26]

The *crèche* had a capacity of one hundred and fifty babies. Miss Mather wrote:

> The babies and children varying from one week old to eight years were brought to us at seven in the morning and were taken home at seven at night. During the day they were clothed and fed at the *crèche* or nursed by their mothers. For the older children we had first grade school. I had nine French aides to help.
>
> Some time during August the hospital at Dijon became overcrowded and was unable to take any more patients. The boys at the Camouflage Camp began to come home ill with influenza, so with the permission of Mr. Walsh, the American Red Cross representative at Dijon, I made a hospital of part of the *crèche*. Here we cared for sick boys from the Camp. We had one hundred beds and our total number of patients was over 450. To make room for the children I had three more rooms built on to the *crèche,* so we were able to take care of everybody.

The derivation of the French word *crèche* is a pleasing one. The word originally meant "manger" and *crèche* is now symbolic of the rude crib in which the Infant Jesus lay in Bethlehem.

Early in 1917, the War Council appointed the American Red Cross Commission for Belgium, with Dr. John van Schaick, one of Major Murphy's original staff, as commissioner. Dr.

[25] "The Children of France and the Red Cross," J. R. Lucas, pp. 166-167; Frederick A. Stokes Company, New York City, 1918.

[26] Gilder Report, Vol. III, p. 91.

J. Mason Knox, associate chief of the Children's Bureau at Paris headquarters, was appointed by the Commission for France as medical chief and Miss Ashe, chief nurse of the Commission for Belgium.

The children of Belgium suffered much during the war. One of the earliest projects which the American Red Cross undertook in 1917 to alleviate their pitiable condition was to furnish nursing service to a colony of Belgian refugee children at Le Glandier, in the *Département Corrèze,* in central-southern France. This colony, which was called *l'École de S. M. la Reine* was under the special patronage of Queen Elizabeth of Belgium. Dr. Charles Neeleman, an eminent Belgian child specialist, was medical director.

In October, 1917, the Commission for France sent two American Red Cross nurses, Martha Hower and Sara Jane Boyle, to Le Glandier to assist Dr. Neeleman. Miss Hower later became head nurse of the colony. She was a Pennsylvanian by birth and was graduated from the Jefferson Medical College School for Nurses. She did public health nursing in the Stock Yards District in Chicago and later was superintendent of the Louise Home for Babies, Pittsburgh, Pa.

Miss Boyle wrote of the establishment of the colony at Le Glandier:

> On October 26, 1917, I was sent to Le Glandier, Corrèze, to care for Belgian children. An old monastery had been assigned to us, but as it had been unoccupied for twelve years, it was in a fearful state of decadence. Sanitary conditions were absolutely nil. The water supply was poor and unfit for drinking purposes. No fuel was to be had near or in Le Glandier.
>
> Our first days were devoted to cleaning the monastery. Our next problem was beds. These had to be made of strips of wood and canvas. This proved quite a task, as there were only Belgian women and us two nurses to make them. By the end of three weeks we had made a thousand beds and mattresses, the latter of ticking filled with straw. Then what a time we had finding space where we could put them all! When word came, however, for us to proceed to Évian-les-Bains to meet the children then on their way to us, everything was in readiness.
>
> Ten Belgian women, Miss Hower and I went to Évian. The children arrived there at four A. M. At the Casino they were given a hearty breakfast, were bathed by American Red

> Cross nurses and then examined by American Red Cross doctors. All were pronounced able to proceed on their journey to Le Glandier.
>
> The following afternoon twelve coaches were provided and each of us women took charge of a coach. They were very crowded. The trip took fifty-six hours and it poured rain all the time. The children were fed en route at each station by canteen workers. At the end of the journey two cases of diphtheria and one of scarlet fever had developed.

Upon the arrival of the convoy at Pompadour, the nearest station to Le Glandier, children were taken in Red Cross cars to the monastery. When they reached their destination they were instructed to remove their old clothing and new Red Cross garments were provided. The sick children were taken immediately to the small Red Cross infirmary previously equipped for such an emergency.

In spite of all these precautions, an epidemic of measles developed. Miss Boyle wrote:

> Almost in every instance these cases developed into pneumonia. We soon found it necessary to have an addition to the infirmary. As Miss Hower and I were the only nurses there, we worked night and day, until two other nurses [Freda Caffin and Irene Jennings] arrived from Paris in response to our wire for help. They took care of the children in the general hospital. Not having sufficient medicines or equipment for the work, Dr. La Bonte went to Paris and returned in a few days with some medicines, equipment and, to our great joy, two aides (Hazel Mallory and Marjory Vaudling). Upon their assignment to duty, I was able to take my first night's sleep in fourteen days. We had, however, fought the disease desperately and been able to save all but one child.

Irene Jennings, one of the relief nurses sent down from Paris wrote of the pressure of the work:

> Le Glandier was in the midst of a measles epidemic when we arrived. Some of the children were extremely ill with pneumonia. The other nurses were worn out, so were very glad to see Miss Caffin and me.
>
> The doctor, a Belgian officer, decided to keep the measles cases in the infirmary already running and to put the other cases, thirty-five in number, in an improvised infirmary. I was alone on duty here for a week, while Miss Caffin took

night duty. It was mighty hard work to take care of thirty-five children in so many different rooms, with a scarlet fever case thrown in. I went on duty at six in the morning. Miss Caffin stayed on until about ten o'clock, so that we could have the rooms half way fit for the doctor's morning inspection. After she came on at night, I would wash towels and such other things as any woman with such a family has to do. The diet was also a problem, but with all the dressings on frozen feet and sore eyes, to say nothing of new patients, possibly nine at a time, all of them having to be bathed before they could be put to bed and their clothes tagged, it was "right smart" work for one pair of hands, without extra cooking. Anyone who has ever tried to boil a bucket of water on those French stoves which refuse absolutely to do anything but smoke, will appreciate how we felt!

The children at Le Glandier numbered about seven hundred. As soon as the measles epidemic subsided, Miss Caffin was recalled to Paris, but Miss Jennings was assigned to a nose and throat clinic which was opened in the permanent infirmary. Dr. Wiggin, who was later assigned to Lyons, operated for tonsils and adenoids, and his wife, Mrs. Wiggin, gave anesthetics. An American Red Cross physician, Dr. Lillie A. Arnett, was also on duty at Le Glandier. She wrote of the dispensary there:

Each morning we began work at 7:30. There was a daily average of about 65 or 70 patients. Many of them were old ulcer cases, the results of frozen feet or hands, others were indigestion, aural abscesses, skin diseases of different sorts, afflicted scalps and scabies. It was necessary to finish with the children who attended morning school by nine o'clock, and care for the children after nine who attended afternoon school. After we had finished with all the children, we treated members of the personnel who were ill. Nearly every day two or three peasants from the neighborhood would come to the dispensary for consultation, and often there would be calls to be made in their homes, perhaps three such visits a week.

The life at Le Glandier was pleasant. It was very interesting to live with the Belgian people and to know them intimately. They realized and often said that without doubt had it not been for the American Red Cross many of the six hundred children of the colony would have died; instead they now promise to develop into healthy and useful citizens.

Mrs. Laura Wiggin wrote of the children:

> They tell me many little stories about their homes and in their turn ask questions about America. Two asked me today if the savage red men with plumes on their heads lived in the woods near my house. They had seen Buffalo Bill in a circus at Liège and thought America still full of Indians. They know of Buffalo Bill's death and spoke of it with regret.
>
> Bread cast upon the waters, or a rumor of it, came back to me when one little girl announced that she would not return to Belgium after the war "because," she said, "I had not enough to eat. Madame," she confided, "we had but three hundred grams of bread each day, with no butter nor *confiture,* and for dinner we had but potatoes or turnips, with almost always no meat nor bread. For supper we had soup, but it had not much in it, only the soup and nothing else. But *les Américains,* Madame, they sent us milk in cans, so that children might have a cup extra each day, and in the afternoon at the end of school they served a cup of chocolate with the milk to each child. *Mais,* it was good!" Hereupon the children chimed in with smacking of lips and rubbing of stomachs and began to sing a song: *"Vivent les Américains."* Many of the children have referred to the fact of Americans sending them gifts and food and the proudest thing any of them can seem to procure is something with a Red Cross upon it. Some of them have cut Red Cross from envelopes and papers and have pinned or sewed them to their clothes in conspicuous places.

In January, 1919, the colony of children was returned to Belgium. From November 28, 1917, to January 13, 1919, 1336 children were cared for by the American Red Cross at Le Glandier. When it came time for them to be sent home, Queen Elizabeth asked that Miss Hower be allowed to escort them and to enter her service. "The real benefit to the children," wrote Miss Hower, "could be seen upon their arrival in their home city, Liège. They had rosy cheeks and were well and hardy looking. The Red Cross had dressed each child comfortably and given it an extra supply of clothing.

The American Red Cross furnished aid to the French-American Committee for the Protection of Children at the Frontier. Two of the largest colonies which were maintained by this committee were located at Oulins and at Morangis.

The American Red Cross Commission brought one hundred

and thirty-two children from Switzerland and sent them to their parents or relatives in various parts of France.

The Commission for Belgium developed extensive public health nursing and dispensary service for Belgian refugee children at Le Havre, in the Salle Franklin. Mabel I. Wilcox was chief nurse. Miss Ashe wrote:

> In January, 1918, Dr. Edwards Park was put in charge of the medical work at Le Havre. Miss Wilcox and an aide who acted as interpreter accompanied him. This work with the Belgian refugees was so much appreciated that the French Refugee Committee asked them to extend it to the French children.
>
> The Salle Franklin was an old theater which was converted into a hospital and dispensary. They had in August, 1918, a twenty-bed hospital and a large out-patient department. Excellent social service work was done here, and a small class of French women were trained as public health visitors.
>
> On August 1, intensive work against infant mortality was begun in the poorest district of Le Havre. The *maire* reported each day the births in the quarter. The visiting nurse immediately called and the baby was kept under close surveillance until it was a year old.[27]

The Report of the Work of the American Red Cross during the time the society was operated by the War Council stated that at Le Havre a total of 14,610 patients were treated at the dispensary, 2523 house visits were made by doctors and nurses and 195 hospital patients treated.

At Lille and at Cambrai, the American Red Cross undertook extensive projects in school nursing for the benefit of children who had been living in these areas through the German occupation and whose health had suffered. Miss Fitzgerald made a trip from Paris headquarters to these cities in June, 1919, and she wrote:

> The work here has been the establishment of school canteens and the maintenance of public health nursing for the children in these areas. In Lille, Elmira Bears, the nurse in charge, has done a remarkable piece of organization work. There were about sixteen thousand school children in the city and when I was there nine thousand of them had already been examined.

[27] Gilder Report, Vol. III, p. 92.

The method followed is that employed in America. The children receive a thorough examination which is given in co-operation with the French, who have entered into the scheme most whole heartedly. The children needing convalescence are sent to the seashore, or to mountain resorts, through the help of different committees; those needing hospital care are sent to the hospitals in the locality wherever possible.

The canteen work consists in serving cocoa to all children and a meal to those needing extra food. This meal is served in the afternoon, after school hours, and consists of soup, meat or fish, vegetables and fruit. The Commission for Relief in Belgium and Northern France has endowed this work to the extent of nine million francs, which will enable the French people to carry it on.

One very interesting part of the work consists in the care they have had to give to the many children suffering from scabies. They have been able to secure a portion of the public baths of the city, and here from early morning till late at night the children are bathed and scrubbed and treated; they now have the situation well under control.

At Cambrai, Miss Baurle is in charge of similar work and has again shown herself to be most efficient and competent.

In the previous chapter it has been shown how during the spring of 1918, the needs of the American Expeditionary Forces engulfed American Red Cross activities for the French civilian population. Miss Ashe wrote:

Following the first call for help from Military Affairs in March, 1918, the strain on the nursing force was very severe. . . . Within the next two weeks, forty nurses and aides were loaned to the Department of Military Affairs by the Children's Bureau. A hospital was opened at Beauvais, the personnel of which was composed entirely of nurses from the Department of Civil Affairs. In July, the nursing force was again called upon to help when the advance of the enemy to the Marne entirely disrupted for a time the Medical Service of the Army and the Red Cross . . . rushed nurses to the front. A hospital was established at Jouey-sur-Morin, with a personnel composed almost exclusively of infant welfare and public health nurses and aides.

The adaptability of these nurses to war needs was a surprise to everyone. Their training in the poor homes where they had been obliged to make the best of what was at hand, was of value to them in this emergency work, where they were compelled to do many things with which a regular hos-

pital nurse is not accustomed to work. The Children's Bureau felt much pride in them and great happiness in that it had been able in the time of need to make vital contribution to the care of American wounded.[28]

August, 1918, marked a crucial month in the history of the Children's Bureau in France. Dr. Knox, Dr. Manning and Dr. Baldwin, three of its strongest pediatricians, returned to America. The organization of the entire Paris headquarters was also effected and the Children's Bureau became a part of the newly-created Medical and Surgical Department of which Colonel Fred Murphy was director. September and October were months spent in definition of future policies and readjustment of present activities of the Children's Bureau.

Miss Gilder in the official report of the Bureau, summarized the close of the work:

> By the middle of January, 1919, the personnel of the Bureau numbered 228 against 541 of the preceding August, the highwater mark of the staff. This was approximately the minimum with which the Bureau could operate and was only slightly reduced before the final wind-up of the work on May 1. This was to occur after the hospitals at Limoges and at St. Étienne were turned over to the French; after the dispensaries at St. Étienne, Blois and Corbeil were taken over by French doctors who were demobilized; and after the permanent child welfare organization in Paris was completed.
>
> On January 1, 1919, Dr. Lucas received a cable from Red Cross Headquarters confirming a gift of $100,000 from the American Junior Red Cross to the children of France. The gift came as a memorial of the sympathy that expressed itself in small gifts, the dimes and quarters out of children's pockets, and was used to endow a hospital and health center in Paris, to be inscribed "From the Children of America to the Children of France" and to be administered by a French Committee composed of the Medical Faculty of Paris and of representatives of the leading child relief and child welfare organizations of France.
>
> On January 1, 1919, the Children's Bureau completed a little over sixteen months of work in France. It had in this period given assistance, in medical service, money and relief materials to at least 250,000 children. . . .
>
> When the Children's Bureau closed its books on May 1, 1919, it left behind it four permanent hospitals, in St.

[28] Gilder Report, Vol. III, p. 92.

> Étienne, Foug, Rouen and Paris, and four important Franco-American child welfare organizations whose object it was to carry on the training school for nurses which the Bureau had inaugurated, and to do general child welfare and public health work. It had established at least twenty-eight permanent institutions; and by turning over the equipment, supplies and "good will" of its dispensaries to French management it had naturally helped and made lasting its work in 71 other medical establishments.[29]

A list of these principal hospitals and dispensaries may be found in the Appendix.

In the Report issued by the War Council on the Work of the American Red Cross during the period beginning May 10, 1917, and ending February 28, 1919, it is stated that the Children's Bureau operated 25 hospitals and convalescent homes for children and in them treated 16,346 patients; operated 99 dispensaries and clinics and in them treated 189,111 patients; served 32,000 children in school canteens; taught 27,000 children how to play (in organized recreation centers); held 7 child welfare expositions which were attended by a total of 625,000 people and aided 519 children's institutions or societies.[30]

And the comfort and happiness which this phase of American Red Cross nursing and general relief service brought? "The women and children who came to our clinics," wrote Margaret Wood, an American Red Cross nurse, "have had little glory, yet they endured almost unbelievable hardships without a murmur. Poor, little, neglected, underfed and silent children, whose seemingly small ailments had gone uncared for during years, were at last able to be treated through the American Red Cross." Miss Leete summarized as follows this nursing service of the Children's Bureau: "Our nurses touched all parts of France, deft tender fingers seeking out and easing pain."

One of the five major opportunities for service which offered themselves to the American Red Cross in France in July, 1917, was, it will be remembered, work for the alleviation of the suffering of French and Belgian refugees. This service was first carried on through the Bureau of Refugees and Relief in Paris, one of the five principal bureaux of the Department of Civil Affairs. Margaret Curtis, of Boston, was its first

[29] For complete details see the Gilder Report, pp. 131-146.

[30] "The Work of the American Red Cross During the War: A Statement of Finances and Accomplishments," p. 63.

director and she initiated varied phases of social service work for the refugees in Paris. In September, 1917, Dr. Edward T. Devine, of New York, was appointed chief of the bureau and directed the service work for refugees throughout all of France, except the war zone and Paris. Dr. Devine had been professor of Social Economy at Columbia University, director of the New York School for Philanthropy and for twenty years secretary of the New York Charity Organization. He had done emergency relief work for the American Red Cross during the San Francisco fire and the Dayton, Ohio, floods.

The French Ministry of the Interior stated that the number of destitute refugees in March, 1917, was four hundred thousand. The problem of furnishing housing facilities and means of earning a livelihood to these numbers was one with which many French and American charity and war relief organizations had been working since 1914. The American Red Cross Commission for France early adopted a policy of coöperation under which substantial gifts of funds, supplies and personnel were donated to these already-existing organizations and they were urged to continue and further develop their own machinery for relief work. "Do all the work you can in an efficient manner," the American Red Cross practically said to these organizations, "and we will provide the funds." [31] In addition the Bureau established and maintained hospitals, dispensaries, colonies and homes for refugees and developed a system whereby a trained social service worker was sent as an American Red Cross delegate to the different *départements* where large numbers of refugees had been placed.

The British and American Societies of Friends blazed the way in France for relief work among the refugees. The British Society of Friends had begun volunteer relief work in the Marne in September, 1914, and the American Society of Friends had given them generous contributions of funds and clothing. In June, 1917, a unit of one hundred American Friends went into training for foreign service at a camp at Haverford, Pennsylvania, and the society sent two representatives to France to make a field survey. These men sailed on the same ship as did Major Murphy and his staff and were appointed to membership in the American Red Cross Commission for France. The plan of coöperation which was later developed is stated in the Report of the First Year of the American Red Cross in France:

[31] See "The First Year of the American Red Cross in France," p. 13.

> Under the original plan of work, it was decided that American Friends desiring service in France should not form a new unit but should unite themselves with the British organization which already had been in the field nearly three years. The result was a compact group under the control of a single executive committee with a common treasury. The Americans, however, became members of the American Red Cross, while the British Friends retained their connection with the French Red Cross. . . . To the common treasury of the American and British Friends the American Red Cross donated money, transportation and equipment; it facilitated the movement of workers and the shipment of goods and supplies. The Friends, on the other hand, presented plans for extension of their work and new developments to the Red Cross for approval, thus enabling their personnel to coöperate directly with Red Cross workers.
>
> This plan was put into effect early in September, 1917. The American Friends arriving then found that the British Friends already had established three medical relief institutions for refugees in the department of the Marne at Châlons-sur-Marne, where there was a maternity hospital of twenty-eight beds; at Bettancourt, where a convalescent home was being operated for fifty children, and at Sermaize, where there was a children's and local hospital of twenty beds.

Early in the fall of 1917, the numbers of volunteers among the American Friends began to exceed the immediate needs of the British Friends; so a second unit was formed which worked independently of the British Society. This unit was designated as Unit No. 2 while the earlier unit was known as Unit No. 1. On September 29, 1917, a bureau called the Bureau of Friends was established in the Department of Civil Affairs of the Commission for France and J. Henry Scattergood, one of the two representatives who had gone to France to make field survey for the American Friends, was appointed director and Charles Evans, of Riverton, New Jersey, assistant director. The personnel of Unit No. 2 worked entirely under the direction of the chief of the Friends Bureau and they aided in the "construction of hospitals, the refitting of buildings for dispensary purposes, the repair of houses in devastated areas, child welfare campaigns, varied relief activities for refugees and in the whole American Red Cross program for the relief of civilians in France."[32] As many of these young men had had special train-

[32] "The First Year of the American Red Cross in France," p. 48.

ing in automobile work, carpentry and agriculture and as their attitude toward service was one of earnest enthusiasm, it may indeed be said of them that no task was too hard, no emergency too trying to chill their unfailing cheer and good-will.

After some months, Mr. Evans became chief of the Bureau of Friends and in the First Annual Report of the American Friends Service Committee, Bulletin No. 18, he wrote:

> We now have one hundred and fifty-eight men and the twenty-six women in Unit No. 1 and eighty-three men in Unit No. 2, making a total of two hundred and forty-seven American workers. At least one hundred and fifty more men have been favorably passed upon for this service by our Philadelphia Committee and will sail as soon as passports and sailing accommodations are available. In giving these figures it seems appropriate to mention the loan of workers to other Bureaus of the American Red Cross, quite apart from the plan of Unit No. 2. In addition to the work of our Mission it has been our pleasure to coöperate with various bureaus in the American Red Cross by lending temporarily to them men and women whose qualifications clearly fitted them for the work desired. We mention the following instances: Belgian Commission, one; Italian Commission, four; Children's Bureau, Lunéville one, Toul two; Bureau of Refugees and Relief, Aube (delegate) one, Eaux Bonnes four, Eure and Mayenne three; Bureau of the War Zone, two (chauffeurs); Bureau of Reëducation of *Mutilés,* one; Historical and Editorial Division, two; Manufacture of Artificial Limbs, one.

American Red Cross nursing service for refugees was carried on chiefly under the direction of Miss Ashe; although she was called chief nurse of the Children's Bureau, she also served as chief nurse of the entire Department of Civil Affairs, in that public health nurses assigned to her by Miss Russell were sent to do tuberculosis and infant welfare work and visiting nursing among the adult civilian population of France as well as among the children.

Early in the fall of 1917, the commission made a grant of 993,000 francs to the Friends' Society and with part of this fund a hospital home for sick babies was opened at Châlons-sur-Marne, in connection with the Friends' Maternity Hospital already established there. This home was located at St. Rémy-en-Bouzemont, Marne, and "was needed," wrote Mr. Evans in his First Annual Report, "for babies born at the Maternity

Hospital at Châlons-sur-Marne whose mothers were incapable of taking care of them. A suitable house to the south of Vitry-le-François was offered rent free. The cost of fitting and equipment has practically all been paid by the American Red Cross." Miss Ashe assigned nurses and aides both to the Maternity Hospital and to the Babies' Home.

A similar baby hospital was established at Châlons-sur-Marne and rent and equipment expenses were met by the American Red Cross.

A general surgical hospital was next opened at Sermaize-les-Bains. Dr. James H. Babbitt, a member of the Friends' Unit, was director. The French civilian hospital at Bar-le-Duc had been evacuated on account of severe air raids and the women and children of the district in need of medical care were left in dire straits. The American Red Cross hospital, which was called the Château Hospital, had at first a capacity of sixty beds, but by the spring of 1918 this was raised to one hundred beds. Several barracks were erected to house contagious cases and to afford accommodations for the staff; electric lights, improved water supply, a drainage system and X-ray and other apparatus were installed. "Practically the whole expense of this hospital," wrote Mr. Evans in his First Annual Report, "has been carried by the American Red Cross."

The Château Hospital was partially staffed by American Red Cross nurses and aides. Dr. Babbitt's report for the week ending May 11, 1918, showed that an extensive surgical service was maintained here for the Sermaize-Châlons district.

> The report of the past week will be given as combined report of the two hospital staff physicians and will thus include the out-patient service at the Source Hospital, Bettancourt and Chaumont, as well as the general visits in the villages. There are forty-two patients in the Château Hospital and twenty-three operations have been performed there this week. The staff has seen or visited seventy new patients and the combined out-patients service numbers one hundred and thirty-nine cases. On May first there were twenty-eight patients in La Source Hospital and fifty-three at Bettancourt. Since December 27, we have performed three hundred and seventy-nine operations.

Refugee relief work in Paris fell under two principal heads, economic rehabilitation and medical social service. The latter

phase of work (and the only one of which an account belongs in this history) was first developed in 1917 under the *Accueil-Franco-Américain,* with Dr. Richard C. Cabot as director. The development of this service was described by Julia B. Norton, a nurses' aide and social service worker:

> December 1, 1917, found me in Paris, starting medical social work under the great master, Dr. Richard C. Cabot, Major, U. S. M. R. C., who had been loaned to the American Red Cross to start a program of good medical social service in connection with a refugee dispensary. Medical attention for the refugees was greatly needed. The out-patient clinics of the Paris civilian hospitals were so overcrowded that for the most part the refugees had little attention. The need for a central dispensary to which all refugees could go and be welcomed was very apparent.
>
> *L'Accueil Franco-Américain* had started in a small dispensary at 12 rue Boissy d'Anglas to take care of the medical cases which presented themselves along with general relief cases. Dr. Cabot took over this dispensary and started it on a much larger scale with the following staff: one children's specialist, one tuberculosis specialist, three general medical men, one dentist, some six or seven nurses and as many more social service workers. . . . The dispensary grew from seventy-five to one hundred cases a week and when it was moved to its new home at 32 Rue Mathurins, to six hundred cases a week. The new location was more or less ideal, central, quiet and conveniently divided as to space into small consultation rooms, each with natural light and good air, and a few big reception rooms.
>
> The dispensary was essentially a temporary proposition, started as a temporary service to fill in chinks where the French lacked funds or personnel, so it will naturally be closed on March 1, 1919, with the return of the refugees to their former homes.
>
> There was a great amount of actual relief done through the dispensary. Besides free medical consultation and free medicine [and public health nursing service] for tubercular anæmic patients, we gave extra food, the kind of food containing carbohydrates and oils which they could not get for themselves and for which there was absolutely no existing French organization to supply them. Clothes we gave and medical appliances and furniture too, but only after thorough home investigation through central *ocurres* of the American Red Cross established to fill individual needs. Besides the six hundred medical cases a week, we gave material aid to

about two hundred others a week. . . . Let me cite an example. On November 18, 1918, a delegate of the Croix Rose came to the dispensary and asked for two hundred and fifty kilos of medical supplies to take up in a camion to destitute Lille. Lille had then plenty of doctors but no medicines. The American Red Cross had the medicines but no transportation from Paris to Lille for the moment. The Croix Rose furnished the camion, the American Red Cross the medicines and within two days the doctors of Lille were at work.

The Bureau of Refugees through its departmental delegates undertook extensive relief work for the refugees in central and southern France. Food and clothing were issued in large quantities, farming implements were supplied and positions secured for trained workmen.

The entire refugee problem was dependent upon the military situation. On March 21, 1918, the Germans launched the first of their five major offensives and the refugee problem immediately assumed enormous proportions. Amiens did not fall, but the civilian population of the city and the surrounding villages and countryside fled. Annie S. Rathbone, the American Red Cross nurse stationed at the child welfare station at Amiens, wrote:

For five nights previous to the evacuation of Amiens, the enemy had systematically tried to break the city's morale by air-raids. Meanwhile, Red Cross workers and members of the Friends and the Smith College units kept coming in from points further east. Dr. Baldwin brought three small sick children from the Red Cross Hospital at Nesle, whom he had not been able to return to their parents. . . .

On March 26 Dr. Baldwin took Miss Flanagan and the two Nesle children to Paris; they were afterwards reunited with their parents. I started across the city to return the Amiens baby to its mother. An American soldier carried her. I soon heard a German plane overhead, so we dodged to shelter. Later, we tried again. The night was beautiful, with a placid full moon. We gave the baby to her mother, who was half-mad with anxiety, supplied her with money and condensed milk and dodged back.

The next morning I made rounds among my sick. Some had already gone. Everywhere those remaining asked helplessly: "Shall we fly or shall we stay?" In my ignorance of the military situation, I could not answer them, could not tell

them whether to risk death from the German shells or from exhaustion on the road. . . . The streets were already jammed with refugees staggering along under the weight of their bundles. . . .

At noon, shells began to fall on a distant part of the city and it was time to go. While waiting at headquarters to get off, we women distributed Red Cross chocolate, condensed milk, cheese, biscuits and blankets to some five hundred British soldiers who had lost their equipment. As the only nurse in our party, I was given the care of a young French girl who had an extensive shell wound in the lumbar region. She had come from the east, fleeing with her mother in front of the advancing Germans. Girls of the Smith College Unit had found her. I packed her in a stretcher with rolls of material and used my umbrella as a sort of splint for her body.

The actual evacuation of Amiens was a tremendous sight, a city of 100,000 emptying itself frenziedly in one direction. The road to Poix was packed with refugees of every age and condition, tottering old people and young girls; women with babies and children scarcely able to walk hanging to their skirts; automobiles, wheelbarrows, smart equipages, donkey carts and baby carriages; animals of all kinds, cattle, sheep, dogs, poultry and rabbits; domestic possessions of infinite variety, carried in an infinite variety of ways, a swollen stream of traffic which formed a dark unending line of misery over the unconscious smiling earth.

Beauvais lay immediately south of Amiens, on the direct route to Paris and to this bombed and congested city the refugees fled. Miss Rathbone wrote:

Late in the evening we pushed on our journey and reached Beauvais, where the Sisters at the Hotel Dieu took charge of our wounded and invited us to rest that night in their deliciously clean hospital beds. We women workers from Amiens and those who had joined us from points further east filled two wards. It was the first night's sleep we had had for nearly a week.

In the morning, Captain Van Kemen of the American Red Cross arranged for the use of a freight shed near the Beauvais station. There a canteen was started at one end by the Smith College Unit; mattresses thrown on the sanded floor at the other end served as resting places for the sick and wayworn. Later in the day, we nurses were joined there by other nurses and doctors sent from Paris headquarters and two days later we moved into a house. This was the begin-

ning of the Emergency Hospital for Refugees, which was carried on for about two months. Then the nurses and equipment were transferred to the Red Cross military hospital later established in the town [American Red Cross Hospital No. 104: *L'École Professionale*].

One of these nurses sent up from Paris headquarters was Anastasia Miller, who became head nurse of the Refugee Hospital. She wrote:

> During the spring offensive . . . the refugees were pouring in from Amiens, Arras and the surrounding villages. They suffered not alone from maladies but from shock and injuries received from shell fire before reaching places of safety. Families came in with one or two of their numbers missing; a child was brought to us who had been found in a cellar where she had stayed three days without food, her dead mother, who had been killed before her eyes, lying beside her. Horrors such as these we had to cope with, so it required a great deal more than nursing care.
>
> The food for the refugees was prepared by French soldiers and consisted of the usual boiled meat, with rice or potatoes in the gravy and a piece of hard bread. We undertook to supplement this by what we could cook ourselves on a two-burner gas plate. The Red Cross had supplied us abundantly with evaporated milk, sugar, cocoa, rice, oatmeal, dried prunes and figs, gelatine, eggs and fresh vegetables. With these extra rations, we managed to keep them nourished and happy, although many a night I was cooking when the *alerte* of an air round sounded.
>
> For a month we continued the work undisturbed. We held dispensary clinics every morning from ten to twelve, treating principally children. They were infected with scabies, vermin or impetigo. We became adepts in hot baths given in a tin washtub and followed by sulphur inunctions, softening and removing the crusts of impetigo with the subject almost in spasms meanwhile and the envelopment of hundreds of heads in kerosene with shampoo following. It was all so worth-while! To see babies' faces coming out pink and soft from under the unsightly crusts of impetigo and the soft fluffy hair again free of vermin, with the attendant relief in those little ones' eyes, brought all the satisfaction in the world.
>
> Towards the end of May, the Cantigny Drive, in which Americans first figured, began and simultaneously the Germans started to bomb Beauvais. The American Red Cross

military hospital which was then being equipped to receive the wounded was not yet ready for occupancy; the medical and nursing staff available for it consisted then only of three nurses and three surgeons. The wounded were then on their way to Beauvais from the front, so in order to help over the emergency I sent down from the Refugee Hospital all the nursing help I had, prepared myself a corner in the ward and stayed with my refugees on almost twenty-four hour duty for another month. Owing to the bombing which took place during this time, not a piece of glass was left in our windows and the low tongue-and-groove partitions which separated the beds were knocked apart by the concussion. I gathered up a candy box of shrapnel in the wards after the raids were over. Aside from slight glass wounds which I dressed after each raid, there were no injuries, a remarkable thing because the majority of patients were unable to go to the cave for shelter. One night a dog went mad during a raid and bit several people, tearing one man's hand severely. These I dressed by the light of a taper while a priest held a blanket up to block off its rays. Without windows or shutters, any spark of light was a risk.

Finally, as the German advance continued, it was thought wise to evacuate our refugee hospital in the *École Normale,* so the refugees and patients were moved further south.

Paris was the next stop for the refugees on their journey southward. The American Red Cross established rest stations in the railroad stations of the city and gave the refugees food, clothing, medical and nursing care and a night's lodging and in the morning sent them on their way to the *Midi.* Dr. Mabel H. Bancroft wrote of the general phases of this work:

We assisted with the refugees who in April and May were pouring in at all times at the various *gares.* Sometimes they would come in all night long, old people, children, mothers with babies, many ill and half clothed, all hungry and tired and heart-sore. We gave a little medical attention to the most urgent cases, but what was most needed was food and rest. We fitted ourselves into any work which came to hand, whatever the need happened to be.

I often wished that those at home who have worked so hard for the Red Cross and given so liberally could have seen the light come into those forlorn faces when they heard that it was the American Red Cross that was taking care of them. They wanted to give you all that they had, their pet hen or goose which they had picked up in their hasty flight, the

most precious thing they possessed. We sent those who were too ill to travel further to hospitals and put on the train those who, in hope of finding friends, lodgement and work, were going further south. The number of names on our books were about twenty-three hundred.

Le Gare du Nord was the scene of the first extensive Red Cross relief activity of this type. Katharine W. Holmes, a graduate of Smith College and of the Newton (Massachusetts) Hospital School for Nurses, was one of the first Red Cross nurses to be assigned to duty at this station. Miss Holmes had done nursing at Henry Street Settlement and for seven years before her assignment to France, had been in charge of the boarding-out department of the New York Nursery and Children's Hospital. After her return from France, she became assistant to the director of the Public Health Nursing Service at National Red Cross Headquarters. Miss Holmes wrote of the *Gare du Nord:*

The last of March the refugees began to come through Paris in great trainloads. One day late in March, after our work in the Children's Bureau was over for the day, Mrs. William H. Hill and I went over to the *Gare du Nord* to see if the Red Cross could be of any use in handling the large numbers that were pouring in. We found the directrice of the French Military Canteen distracted by the double care of the French soldiers on the main floor and the hordes of refugees who had no place to go except to a dark basement once used as a freight depot.

Hundreds were streaming down the narrow stairs from the crowded trains, with their children, baggage and animals, everything that they could take with them in their hurried flight from their homes. Some of them had been frightfully hurt by German bombs. Children were brought in strapped to boards because their legs had been broken by bombs. Tiny babies a few days old were being carried by exhausted mothers. Old, old people had walked sometimes 58 kilometers before they could even get to a train. After several days traveling under unspeakable conditions, there was no complaining, no weeping, just a courageous acceptance of it all and gratitude for what little was done for them.

The French Canteen, whose resources were exhausted by four years of war and by feeding thousands of soldiers and refugees, had only bread and beer to give the refugees. They gladly accepted the American offer of help. Those who scoff

at the cumbersomeness of a large organization like the Red Cross would have done well to have been present at the *Gare du Nord* and to have watched the establishment of that emergency canteen.

Through Mrs. Hill's initiative, Red Cross trucks were immediately sent to the warehouses for supplies and a complete personnel of volunteer workers was secured. In a few hours' time, the refugees were receiving steaming hot chocolate and coffee, American corned beef and their own beloved sausage, cheese, figs, beer, milk, sandwiches, eggs for the delicate and best of all, sterilized milk in sterilized bottles for the babies who up to that time had had only the choice of water or beer.

Medical care for those who needed it was given under the direction of Drs. Lucas, Knox, Manning; between professional ministrations, they washed cups and passed sandwiches. I shall not soon forget the face of Dr. Knox, usually so dignified and at times almost austere, then shining with happiness over the menial task of washing tin cups in a basin on the top of an upturned beer barrel!

That night, two thousand refugees passed through the station and all of them were fed. Those who needed changes of clothing were given it. The Red Cross personnel was divided into night and day shifts; everyone gave as much time from their own particular work as possible. Everyone wanted to help in the canteen. We had workers from the Friends, the Y. M. C. A., the American Fund for French Wounded, British canteeners and many others. The second night, five thousand refugees went through and the Emergency Canteen became a fixture of the *Gare du Nord.*

A temporary barrack was built to house the Emergency Red Cross Canteen at the *Gare du Nord.* It took only eight days to erect, equip and put it in running order.

Great need existed for temporary quarters in which the refugees could spend a night. They could not all wait in the stations. Lodgings and hotel accommodations in Paris were well nigh impossible to secure throughout the period of the war. Moreover, prices were exorbitant.

In the early days of the war *Le Sécours de Guerre* had taken over the old seminary of St. Sulpice, 65 rue Bonaparte, in the Sixth Arrondissement and the police officers converted it into a model hospice. When the great influx of refugees from the Aisne and Marne occurred in the spring of 1918, the American Red Cross offered the French police assistance in the form of

supplies and personnel. Doctors and nurses and vast quantities of linen and food were sent to St. Sulpice; beds were set up in every corner; halls and auditoriums were used for dormitories, nurseries and information bureaus.

In his report for June, 1918, regarding the activities of the Department of Civil Affairs, Mr. Homer Folks wrote of Saint Sulpice:

> The difficult problem of lodging refugees who had to remain in the city overnight was solved by aiding Saint Sulpice, which since the outbreak of the war has been used as a stopping place for soldiers *en permission* and as a refuge for Belgian and French families made homeless by the war. Beds, blankets and other supplies in large quantities were hurried from the warehouses, increasing the accommodations so that 2500 persons could be housed at a time. . . . A hospital infirmary of twenty beds was installed and also a special infirmary where babies, besides receiving medical treatment, were bathed and fitted out with clean new clothing. Here an average of seventy children were cared for daily.

Emergency canteens were also established in the stations at the *Gares de l'Est, Orléans, Montparnasse,* and *d'Auterlitz* and Miss Ashe assigned teams of nurses and nurses' aides to duty there.

After a night's rest and refreshment in Paris, many of the refugees continued on their way southward. Limoges was the next large city where they stopped, either for rest or to seek quarters and employment until they could return to their former homes in the invaded northern provinces. Dr. May E. Walker conducted a dispensary there during the summer of 1918 for refugees, but great need also existed for a children's hospital. A project to establish an institution of this type was undertaken jointly in July, 1918, by the Children's and Refugees' Bureaus, but difficulties in construction delayed its opening until December. Dr. Walker was placed in charge of it and Vena M. Woods, an American Red Cross nurse, was sent down from Paris as supervisor. She wrote:

> The American Red Cross Children's Hospital at Limoges was of fifty bed capacity and also maintained a large dispensary service for refugees. Between November 18 and December 26, we practically fed and clothed three hundred families, little children blue with cold and sick from hunger. The city

could not care for all the refugees and had it not been for the quickness with which the Red Cross furnished first aid, many would have died.

Our hospital was ready on December 26 and then our real work began and continued until April 1, 1919. The American Red Cross then gave 50,000 francs and the city of Limoges raised 50,000, the hospital building was purchased and was operated as a Hospital for Children. The building was four stories high and was fully equipped—for instance, three hundred children's dresses, two hundred and fifty gowns, one hundred and fifty complete layettes, three sheets and other supplies in like proportions. Thus the work done by American mothers through the American Red Cross will not stop but its influence will be felt for years to come.[33]

Not only was our work in Limoges done for the benefit of French and Belgian refugees, but we supplied hundreds of sweaters, mufflers, socks and other articles to American boys returning from the devastated districts. Men of the American Expeditionary Forces were constantly coming in and we never had a meal without some of them joining us. . . .

Southwest of Limoges was the city of Angoulême in the Charente Department and here the American Red Cross established and maintained an extensive dispensary service for the many refugees who crowded the city. Dr. Lillie Arnett, the American Red Cross physician who had formerly been on duty at Le Glandier, was transferred to Angoulême. She wrote of the establishment of the dispensary:

On August 20, I arrived at Angoulême and met the refugee delegate, Mrs. Goodale, who had been in the city since April. The same day Drs. Knox, Manning and Baldwin stopped in the city a few hours on their way to America and Dr. Knox gave me his usual brief instructions: "Open a dispensary the following Monday." It was then Wednesday. I returned to Le Glandier, packed, said good-by and reached Angoulême again Friday noon.

Mrs. Goodale had requisitioned a splendid residence in the best location of the city, but the house was absolutely empty. A corps of scrub women cleaned it up, but my hopes of opening on Monday were blasted because the women were then in full possession. We did open, though, on Wednesday. I had purchased a few needed pharmaceuticals at a local place.

[33] For details of agreement between the city of Limoges and the American Red Cross regarding the Children's Hospital, see the Gilder Report, Vol. III, pp. 79-80.

Mrs. Goodale sent in a table, chairs, towels, etc., and I had my own instruments, so Mlle. LeGrand, my French nurses' aide, and I went to work and had seven patients on our first day.

The dispensary was conducted in a beautiful sun-parlor about fifty feet long, with a mosaic floor and great windows which gave us ideal light. Each day saw an increase in the attendance.

On September 20, we took in our first hospital patient, a baby very sick with indigestion and auto-intoxication. Other patients came and our household increased. Each morning I went about the city making calls and every afternoon conducted the dispensary service. Our maximum daily attendance was thirty-four. In all, we cared for fifty patients in the hospital. We tried to keep a card system of the dispensary cases, but I could not always get the names of my morning calls recorded. Our cards showed 575 patients.

South of Angoulême, Limoges and Lyons lay the provinces rich in agricultural and industrial activities. To these provinces the French Government sent large convoys of refugees to live and work until the military situation permitted their return to the Somme, Aisne and Marne Valleys.

Many of the refugees who were assigned by the French Government to these southern provinces were the *rapatriés* whose reception at Évians-les-Bains has already been described. The psychology of the *rapatrié,* an important factor in the refugee problem, was described in a French journal:

After those of the arrival at Evian who are fortunate enough to have friends or relatives awaiting them and those who are sick and feeble are disposed of, there still remains a crowd varying from four hundred to six hundred persons who are absolutely without resources, plans or any ability whatsoever to help themselves. They are sent by a separate convoy into the interior. The arrival at Evian brings to each train the joyous certainty that it is France that awaits them, that they will be able to speak their native tongue again and to greet their brothers. The second stage of their journey,—the arrival in an unknown province,—often works a reaction, a sensation of excessive melancholia, caused by the idea of being alone in their own country, so near and yet so far from their homes.

The *rapatriés* are people from the lowlands of the north, descendants for the most part of Flemish ancestors. For them, France is symbolized in the long stretches of roads and

highways of commerce, populous villages and fields of wheat and beets, the ground rich in iron, the mines, as dear to them as the little Breton port into which come red-sailed boats—the vine-covered hills of Touraine or the Pyrenees Mountains. . . .

The arrival of these people for whom Germany has no use . . . has been for the French *communes,* impoverished by the drain of forty-two months of war, a heavy burden. Two episodes of the villages of the *Midi* will show this: La G——— is a little village composed of a score of thatched cottages situated far from the main highway. The mayor is a *"reformé."* . . . When the first dozen *rapatriés* arrived in his *commune* and saw the land, encircled by low hills and traversed by deep valleys with here and there small pieces of fertile ground, threaded with rocky roads along which ambled on market days droves of cattle and sheep, they returned at once to the city from which they had been sent. The mayor declared to a Red Cross delegate that they had only glanced at the banquet that the little village had prepared for them. No one was to blame. They had done what they could. The *rapatriés* had decided that there was nothing for them to do there and that idleness would never help them forget even for a moment their incurable homesickness for the plains of Flanders!

At T——— the mayor is an amiable man with white hair and of courteous manners. . . . Since the beginning of the war, T——— has organized five ambulances, has supported the French Red Cross in the way of gifts of sheets, clothing, bed linen, etc., and now came the *rapatriés* and the refugees. When the mayor found this new duty thrust upon him, he could not sleep for eight days. No place to put them, no work to give them! The only place available was a hospital ward filled with beds without covers![34]

In nearly all the principal cities of the southern *départements* the Bureau of Refugees and Relief sent delegates to establish headquarters for refugee relief. Sometimes these delegates were nurses who had had social service training but they were generally social service workers. During the summer of 1918 there were more than 70 delegates and assistants and their work covered fifty-eight of the sixty-six uninvaded *départements* in France. The nature of the service rendered by them was described by Katharine Holmes:

[34] *La Croix-Rouge Américaine et La Population Civile Française, Journal des Ouvrages de Dames,* October 1, 1918, pp. 198-199.

On May 1, 1918, I went as delegate for the Bureau of Refugees to the Department of the Drôme in southern France, where twelve thousand refugees had been placed. The refugee work in that department had already been unusually well organized by Miss Dewson, who gave up that department to become zone delegate. There was a warehouse well stocked with all the different kinds of furniture needed by the refugees in starting new homes—beds, tables, chairs, buffets, blankets, sheets, quilts, stoves, mattresses, pillows and garden tools and seeds.

Cordial relations already existed with the *préfets du police* and the mayors and various committees of French volunteers which had already been started in many of the bigger towns. Coal was being given out to the needy and knitting to mothers who wished to make money at home. Plans were on foot for the establishment of an American dispensary which was much needed.

My work for the last eight months has been to carry on this work so admirably begun and to meet new situations and needs as they arose. About two hundred families a month have been provided with the furniture necessary for the establishment of a new home. This has meant that they have also had each one the friendly counsel and visits in their home of one of our committees in whatever part of the department they lived. One hundred and fifty-three volunteer French "home visitors" whom we have trained help us in the Drôme.

Two American dispensaries have been started, one at Romans and one at Valence. . . . They are run by Dr. Wright of California and two Red Cross nurses, Miss Freda M. Caffin and Miss O'Connell. They have a staff of French assistants who help with the home visiting and dispensary routine. About forty people are treated at each day's clinic and very careful work is done by the aides in following up work for all cases. On the doctor's order we furnish extra food for all those whose physical condition demands it. We send each month ten of the most anemic children to Miss Frick's country home at Chanay in the mountains of Ain.

Three playgrounds were started in the summer, two at Valence and one at Romans, a crowded center for shoe manufacturers. This idea, new to France . . . was taken up enthusiastically by the French. . . .

One of our most satisfactory activities was in finding separate lodgings for families who had been herded together in the big "*centres de triages*" where the French were forced to put them on account of their sudden and overwhelming arrival. The French committees in the different towns would

hunt up the empty buildings, we would pick out the families most needing a separate home, see that they got permission to leave from the *préfet* and then send on furniture [35] in advance so that their home would be ready for them. On their arrival, our representative met them, helped them with their luggage, took them to the mayor to secure bread tickets, and other services of like nature.

The development of playgrounds, a project new to the French, was carried out at Valence. Six American normal school graduates were sent to Lyons for an intensive course and then assigned to different Valence schools. So successful was their work that when the American Red Cross withdrew the French school authorities retained the services of two of these workers permanently.

Miss Caffin wrote of the establishment of the Red Cross refugee dispensary at Valence:

> On May 22 Dr. Wright and I arrived at Valence and found nothing. In twenty-four hours a building was located and arrangements for having it painted and having plumbing installed were begun. On May 31 we received our first patient, a young girl of twenty who had tuberculosis.
>
> Our clinics were held on Monday and Thursday mornings from nine to 10:30 for children; on Mondays and Thursdays from 6 to 7:30 for tuberculosis patients and men from Valence; on Tuesdays and Saturdays from 1:30 to 3 for women. The *infirmières* made 2492 home visits and visited 110 patients in the cantonments.
>
> On August 29 the second dispensary in Valence, at Bourg

[35] This single item of furniture illustrates one of a wealth of interesting incidents which from lack of space must be omitted from this history. When the refugees were pouring into Paris and the southern provinces, Dr. Devine asked the Finance Committee for some two million francs with which to buy furniture. The members of the Committee responded with the statement that he would not be able to buy furniture in France and that lack of tonnage made impossible its importation from the United States. He answered that the refugees could not begin to build even temporary homes without beds and chairs and asked for a provisional appropriation with which to buy furniture, provided it could be secured. This provisional sum was granted him.

Dr. Devine then turned the entire problem over to Martha Spence, of Cleveland, a layworker, and she and her assistants combed the small shops all over France, buying here a half dozen chairs, there a bed or two. A *fabrique* too small to manufacture war essentials yet large enough to offer some facilities for the manufacture of simple furniture, was taken over and it turned out many tables and chairs. From this central supply, the departmental delegates drew furniture for the refugees. This incident is also a pleasing example of women's ingenuity, especially in the face of men's dictum that "it could not be done."

de Péage, was opened. This dispensary was for all poor children under the age of sixteen. . . . On closing the American Red Cross work at Bourg de Péage the French Red Cross took over the work of the dispensary and are continuing it along the same lines. Arrangements have also been made whereby the *Societé de Secours aux Blessés Militaires* will take over the dispensary at Valence, thus leaving our work in sympathetic hands. The Children's Bureau in coöperation with the Bureau of Refugees maintained a small hospital of 25 beds for children of Valence.

The nursing service of the Bureau of Refugees was, like that of the Children's Bureau, limited and largely curtailed in the late spring and summer of 1918 by the nursing needs of the American Expeditionary Forces. Public health and child welfare nurses were recalled from refugee dispensaries and assigned to Red Cross military hospitals. During the twenty months between May 10, 1917, and February 28, 1919, the American Red Cross in France aided 1,726,354 refugees; provided 996 dwellings; operated 67 hospitals and dispensaries where 190,575 refugees received medical and nursing service; operated five dispensaries jointly with the French, in which 66,419 refugees were cared for; opened 8 refugee canteens and in them fed 66,419 refugees, and operated 68 workrooms.[36]

. . . . . .

The third major phase of the work undertaken by the Commission for France for the civilian population—and the last one of which the nursing service formed a substantial and vital part—was the work done by the Bureau of Tuberculosis. Much has been written regarding the tuberculosis situation in France during the European War, so the treatment of this subject in this history will be brief. Only such phases of it as touch upon American Red Cross nursing service will be included.

Tuberculosis was a potent foe of all the Allied armies in France. In 1916 the American press published many stories, some exaggerated, others veracious, of the decimation of the French forces by this disease. Other armies suffered in much the same way, though little was said regarding them save in technical publications.[37]

[36] "The Work of the American Red Cross During the War: A Statement of Finances and Accomplishments," p. 62.

[37] See "The Work of the Bureau of Tuberculosis in France," W. C. White: *The American Journal of the Medical Sciences*, Vol. CLVI, No. 3, p. 416.

At the beginning of the twentieth century the French Department of the Interior had formed a permanent committee charged with the problem of controlling tuberculosis. The French form of government divided France into departments, each department with its several arrondissements; in every arrondissement was located at least one large city supporting a general hospital of considerable size. Many of these hospitals had special wards or pavilions for tuberculosis cases.

Following the declaration of war, these and all other existing facilities for the care of tuberculosis patients were immediately utilized for tuberculous soldiers and new and beneficent laws were passed to supplement these provisions. After a year of war, the French Government established a new and more powerful central committee to collect and distribute funds to care for discharged soldiers suffering from tuberculosis and also to coördinate the work of the departmental committees which had direct charge of these soldiers after they had been released from hospitals of the Army and the Department of the Interior. In the third year of the war, the *Service de Santé* established numerous special hospitals for soldiers suffering from tuberculosis; these were largely private sanatoria, convents and schools which were requisitioned and equipped as hospitals. They were called *Hôpitaux Sanitaires.* In the fall of 1915, the Department of the Interior established a fund from which thirty *Stations Sanitaires* were maintained to receive soldiers discharged from the *Hôpitaux Sanitaires* of the Army. This fund was also used to assist the departmental committees in the home care of patients who had been discharged from the *Stations Sanitaires.*

This extensive federal organization was supplemented by a private organization known as the *Tuberculeux de la Guerre.* Mrs. Edward Tuck was the president, Mrs. Edith Wharton the vice-president and Mr. Blair Fairchild the secretary. The special aim of the Committee was to provide sanatoria for *soldats reformés.*

Late in 1916 the Rockefeller Foundation sent Dr. Herman Biggs, Health Officer of New York State, to France to investigate the tuberculosis situation and to report whether or not the Foundation should undertake an anti-tuberculosis campaign in France. Dr. Biggs' report resulted in the formation of the Rockefeller Commission for the Prevention of Tuberculosis in France, with Dr. Livingston Farrand as director and Dr.

James A. Miller and Dr. Selskar M. Gunn as associate directors.

The members of the War Council and of the Commission to France had early felt that one of the vital phases of service which the American Red Cross could render lay in the care of tuberculous soldiers and civilians. Upon the creation of the Department of Civil Affairs at Paris headquarters, Mr. Folks appointed on August 13, 1917, as chief of the Red Cross Bureau of Tuberculosis, Dr. William Charles White, who had come to France several months before to serve as director of the *Tuberculeux de la Guerre*. Dr. White was also appointed as an associate director of the Rockefeller Commission.

Elizabeth Crowell was chief nurse of the Rockefeller Commission for the Prevention of Tuberculosis in France. Early in the fall of 1917, a nursing committee consisting of Miss Crowell, Miss Russell, Miss Ashe and Miss Leete was appointed by the Commission to coördinate the nursing activities of the Rockefeller Commission and the American Red Cross.

Dr. White wrote of the subsequent alignment of work:

> The first task was a division of labor between the Red Cross and the Rockefeller Foundation, so that their efforts would contemplate a uniformity of results. The Rockefeller Commission undertook a study of the conditions existing, the provision of dispensary service, an educational campaign and the selection of two units—one an arrondissement of Paris and another a department of France—in which it would provide a model organization to be used as an object lesson in American methods.
>
> The Red Cross Bureau of Tuberculosis undertook the more immediate fields of the work, such as the provision of hospitals, improvements of conditions in temporary hospitals, assistance to French organizations dealing with tuberculosis and a careful study of the whole tuberculosis situation in France, which might be used in conjunction with the Foundation's work for a permanent program and lasting evidence of the work of America.[38]

Clara L. Shackford was the first supervising nurse of the Bureau of Tuberculosis. A graduate of the University of Pennsylvania School, Miss Shackford was for some time superintendent of nurses of St. Luke's Hospital, St. Louis, and superintendent of the John Sealy Hospital, Galveston, Texas.

[38] "The Work of the Bureau of Tuberculosis in France," p. 417.

She went to France in December, 1917, and was appointed as executive nurse of the Tuberculosis Bureau. During the spring of 1918 she developed tuberculosis, returned to this country and spent some months at Saranac; there the disease was arrested, and in November, 1918, she entered the Army Nurse Corps and was assigned to Camp Devens.

For some months Miss Ashe carried the work of the Tuberculosis Bureau and in October, 1918, Sarah Adams Crawford was appointed as supervising nurse. Following her graduation from the Framingham (Massachusetts) Training School, Miss Crawford had had executive experience in various New England institutions and for three and a half years was superintendent of nurses and also dietitian of the Massachusetts State Sanatorium for Tuberculosis. Although she was enrolled in 1911, Miss Crawford's first work for the American Red Cross began in 1917, when she taught classes in Home Hygiene and Care of the Sick. She went overseas in the summer of 1918 and upon her return in 1919 to the United States did school nursing under the Visiting Nurse Association at Wilmington, Delaware. She was later appointed as a Red Cross public health nurse for the Wilmington Chapter. She died there on February 7, 1920, from double pneumonia contracted in line of duty.

Both Miss Shackford and Miss Crawford typify the great rank and file of Red Cross nurses, women who have given the best years of their lives in unobtrusive service to others and many of whom have died in harness.

The nursing staff of the Tuberculosis Bureau numbered about sixty nurses. They were chosen by National Headquarters by reason of special training and experience. Upon arrival in France they reported to the chief nurse of the commission and were by her assigned to tuberculosis work. Miss Ashe in her capacity of chief nurse of the Children's Bureau had general supervision of this phase of nursing service to the civilian population; Miss Stimson's time was almost entirely occupied with the military service.

One of the earliest expressions of the Red Cross anti-tuberculosis program lay in the provision of new beds in existing French institutions. In 1914 the French had undertaken the construction of a model sanatorium at Bligny, Briis-sous-Forges, near Paris, and had completed buildings in which two hundred patients could be cared for. The declaration of war

arrested further construction and the timbers and structural iron still lay on the grounds in 1917 where the workmen had left them three years before. The Bureau of Tuberculosis arranged for a grant from the American Red Cross by means of which the other buildings of the sanatorium were completed during the spring of 1918 and some three hundred and fifty additional beds were thus made available. The new pavilions of the Bligny Sanatorium were staffed for a time by American Red Cross nurses and aides.

The Board of Managers of *l'Hôpital St. Joseph,* which was located in the Fourteenth Arrondissement and which was one of the largest and most progressive hospitals in Paris, had purchased a convent adjoining the hospital buildings, which they planned to reconstruct to hospitalize men and women suffering from tuberculosis. An arrangement was finally made whereby the *Hôpital St. Joseph* contributed 208,000 francs and the American Red Cross 285,000 francs for this reconstruction work and some two hundred and fifty additional beds were thus secured in Paris. The American Red Cross later made an additional grant.

The tuberculous soldiers and *reformés* presented a picture of genuine pathos. "Nothing is sadder," stated the Annual Report, 1918, of the Tuberculosis Bureau, "than a ward of tuberculous *reformés.* A young soldier told us that he was alone in Paris; that his parents had remained in invaded territory; that he received no letter, no remembrance from anyone. He asked earnestly for some clothes. In giving this assistance to him, we know that he will never have the strength to put them on—his hour had come—but we hope to see in his already dim eyes a longing satisfied." In the same report a *reformé* wrote, "We are plague-stricken—nobody comes to see us. If only we had lost an arm or a leg, then we should have a lot of people around us. We are the badly wounded of the war."

The *Assistance Publique* of Paris had constructed seven sets of barracks in connection with large hospitals and almshouses of the city, with a potential capacity of 1052 beds, but only 174 of these beds were in general use. The American Red Cross completed necessary construction, added diet kitchens and recreation rooms, supplied additional clothing, bed covers and flowers and brightened up the general aspect of the wards; the number of patients was as a result increased to 657. American Red Cross nurses were assigned to duty in these barracks

and the non-professional phases of the work were directed with marked success by Mlle. Moufflard, a French woman. In addition to affording an increased number of beds for *reformés,* these barracks also afforded hospitalization to tuberculous *rapatriés* and refugees.

Hôpital Bénévole 19[bis] was a small hospital of twenty-eight beds which was operated in Paris by the American Red Cross for French soldiers in the incipient stages of tuberculosis.

Financial assistance was given by the Bureau of Tuberculosis to many other French institutions. On April 15, 1916, *l'Hôpital Ormesson,* a hospital for tuberculous children, had undertaken the care of 150 tuberculous soldiers. The *Service de Santé* in return for this hospitalization gave the institution an allowance per patient of three francs a day, but a deficit of nearly 10,000 francs a month had resulted from this arrangement. *L'Hôpital Ormesson* consequently notified the French Army that the beds would have to be discontinued. This fortunately did not happen, as the American Red Cross agreed to appropriate the necessary funds.

Assistance of this type was also given to Mlle. Chaptal for the development of a hospital of forty beds for tuberculous women. To the *Sanatorium Lege,* the departmental institution of the Gironde, two hundred thousand francs were given. To the *Societé de Secours aux Blessés Militaires* a similar gift was made which was added to a fund of one hundred and fifty thousand francs furnished by this organization; the aggregate sum was used to purchase a property at Tours for a departmental sanatorium of the *Indre-et-Loire.* A total of 847 institutions for the care of tuberculosis cases were aided by the American Red Cross during the European War and a total of 2678 new beds were added to already existing organizations.[39]

Early in the summer of 1917 the organization *Les Tuberculeux de la Guerre* had undertaken to remodel the *Château de la Fontaine Bude* at Yerres, near Paris, as a tuberculosis sanatorium. When the American Red Cross took over the activities of this organization, it carried on the work contemplated at Yerres and there maintained 80 beds for French men civilians in the early stages of the disease. Mary C. Ewing, a social

[39] "The Work of the American Red Cross during the War: Finances and Accomplishments," p. 64. For a list of these institutions, see Annual Report, July 1, 1918, of the Bureau of Tuberculosis, p. 22, Chart 4, supplements 1-10. Red Cross Library.

service worker and a nurses' aide, organized the sanatorium at Yerres. She arrived in Paris in November, 1917, to work under the auspices of *Les Tuberculeux de la Guerre* and was immediately sent up to Yerres. She wrote:

> In this hospital, we eventually had ten French nurses and the original plan was to make it as nearly like a French hospital as possible. All our patients were Frenchmen, save for a few American soldiers. The hospital was opened the middle of January, but from about December 12th I thad been the only American there, so you might well say that I assisted in the equipment of the hospital and in establishing the routine which was afterwards carried out.

Miss Ewing was next assigned to Miss Leete's staff at the Tent Hospital, was later placed in charge of the various nurses' homes in and near Paris and finally went to Roumania with Miss Patterson. Her service, a long and responsible one, is typical of that of many American laywomen who served in a semi-nursing and executive capacity with the American Red Cross Nursing Service in France, but who were classed as aides because they were not professionally trained nurses. Of Miss Ewing, Miss Leete wrote: "She came to No. 5 before it was opened and she remained there until the line was far enough removed from us so that the responsibilities were not so great. She first took charge of the kitchen and when that was turned over to the Army cook she took charge of the diet kitchen and later of the nurses' home and the doctor's quarters. When off duty she went into the wards. She rendered unusually effective service, fitting herself into any department which required assistance."

Even greater than the need for hospitalization for tuberculous soldiers was that for tuberculous *rapatriés,* refugees and members of the French civilian population. All the private sanatoria and wards of the *Assistance Publique* were being utilized, it will be remembered, principally for tuberculous soldiers and *reformés.* The Bureau of Tuberculosis chose the two largest cities in France, Lyons and Paris, as the theater of activities in their behalf and established in each of these cities large hospitals and sanatoria for tuberculosis patients.

Lyons, immediately behind Évian-les-Bains, was the first stopping-place of the *rapatriés.* The General Hospital Board of Lyons had in its possession a central building given to them

by the Empress Eugénie and they turned it, and five newly erected barracks adjacent to it, over to the American Red Cross early in the fall of 1917 for use as a tuberculosis hospital for women and children *rapatriés*. The Hospital Board provided all equipment, linen, food and other articles and factors of maintenance; the American Red Cross paid a per capita rate per patient to the Hospital Board, for which the French Government partially reimbursed the American Red Cross. The Bureau of Tuberculosis supplied all medical and nursing service and medical supplies. The hospital, which was called the *Asile Ste. Eugénie,* was opened on December 5, 1917, and on the first of April, 1918, was maintaining beds for one hundred and twenty-eight patients. This hospital worked in close coöperation with the children's hospitals and convalescent homes developed at Lyons by Miss Nelson, Miss Butler and Dr. Grulee.

Madelaine Evans was the first chief nurse at the *Asile Ste. Eugénie*. She was loaned to the Tuberculosis Bureau by the Army, but only for three months, and was recalled to her unit, Base Hospital No. 2, early in March, 1918. Anne Carney was then placed in charge of the nursing service at the *Asile*. Her staff consisted of one American nurse, three Swiss nurses and one French aide. Lieut. (later Major) G. L. Bellis, who had been transferred in September, 1917, from Colonel Winter's staff, was in charge of the hospital and later directed an extensive dispensary service at Lyons for tuberculous *rapatriés* and refugees.

The headquarters of this dispensary service was at 87 Cours Gambetta. Lillian Bell Stuff was the public health nurse in charge and she was assisted by a Swiss nurse and an American nurse. An idea of the coöperation which existed between all bureaus of the American Red Cross organization in Lyons is contained in the following statement written by Miss Stuff:

> Our daily routine consisted of dispensary duty, of visiting sick refugees in their homes and instructing them in sanitation, of furnishing help where needed for bedside care in advanced cases and of arranging for ambulances to take them to hospitals if hospitalization was considered necessary. When patients were found poorly nourished, the physician in charge of the dispensary ordered food supplies such as cocoa, sugar, prunes, rice, canned milk and macaroni and these were furnished by the American Red Cross. Unsuitable housing

> conditions were reported to the Bureau of Refugees and cooperation with all other departments of Red Cross service was established wherever it was needed.

This dispensary was transferred on December 1, 1918, to the Rockefeller Foundation. Like many other American Red Cross hospitals and dispensaries, it also served individual soldiers of the American Expeditionary Forces.

At Plessis-Robinson, six miles from Paris, the Tuberculosis Bureau established the largest of its institutions, the Edward T. Trudeau Sanatorium. Previous to 1914, the Department of the Seine had purchased two châteaux, Hachette and Malabry, which were located just outside the city: on these estates, houses for working people were to be constructed under a plan known as the "Garden City Plant." The declaration of war arrested the development of the project, but its originator, Henri Sellier, was so interested in the tuberculosis problem that he offered the two estates, rent free, to the Bureau of Tuberculosis.

The two châteaux and their adjacent buildings and grounds covered one hundred and fifty acres. Reconstruction work was begun in November, 1917, by a group of British and American Friends working under the direction of Dr. James L. Gamble, of Johns Hopkins Hospital. Four additional houses of considerable size were secured in the vicinity and on Christmas Day the first patients were admitted—three refugees suffering with tuberculosis. The institution was named after the pioneer expert in tuberculosis, Dr. Trudeau, an American of French origin whose name, the Commission hoped, would help establish a bond of unity and sympathy between the two nations.

The Trudeau Sanatorium was soon developed into a model project for the treatment of tuberculosis. Dr. White wrote:

> The future plans for this whole property contemplate the following different groupings of people: a sanatorium for women; a detention house for entering children; a hospital for tuberculous children; a preventorium for children of tuberculous parents; a colony for families with a tuberculous member from which the sick one cannot be separated. With the completion of the project, approximately two thousand persons in which tuberculosis is a common factor, will be cared for. The work is being carried out in coöperation with the Department of the Interior of the French Government, the

> dispensary service is of the Rockefeller Foundation and our own Hospital Admission Bureau.[40]

Inez Louise Cadel, a Johns Hopkins graduate, was head nurse of the Trudeau Sanatorium, until the military crisis in May, 1918, made necessary her assignment to the Auteuil Tent Hospital. In March, 1918, the nursing staff at Plessis-Robinson numbered five American Red Cross nurses, one graduate English nurse, one graduate Australian nurse, one French nurse and two American Red Cross nurses' aides.

The Women's Hospital accommodated some eighty patients, the Children's Hospital about seventy. Miss Crawford, second supervising nurse of the Tuberculosis Bureau, wrote of the observation hospital:

> The patients are assigned to us through the Paris dispensaries. About thirty children are admitted at a time to a building quite distant from the hospital and there they are kept for about two weeks. During this time they receive the necessary attention from our dentist or our throat specialist and they are under the constant observation of the doctor and nurse. At the end of two weeks, they are either transferred to the Children's Hospital or to the Preventorium and thirty more children are brought in to the Receiving Hospital. We have children of all ages at the hospitals, babies and children to ten years of age, but the older ones are transferred to the Preventorium as soon as possible.
>
> In some cases we will have the mother at the Women's Sanatorium and her children in the Children's Hospital and in the Preventorium.

One of the American Red Cross nurses who was assigned to the Children's Hospital was Laura Blanche Bingham. She wrote:

> I went to Châteaux Hachette-Robinson on August 16, 1918, for general duty at the Children's Hospital. There our work was arduous, but we were all willing to do our bit for those half-starved suffering children of France. We began bathing children at eight o'clock in the morning; next came medical treatment, surgical dressings, irrigations, massage and bandaging. Then all patients were carried outdoors,

[40] "Work of the Bureau of Tuberculosis in France," Dr. White. *The American Journal of the Medical Sciences*, Vol. CLVI, No. 3, p. 423.



A tuberculous refugee child who died in an American Red Cross children's hospital in France.



A child who lived.

some on their beds, others in chaises-longues. We nurses were assisted by French maids.

We had eight bottle-fed babies, each of whom had six bottles apiece, so forty-eight bottles to be sterilized every day is quite a task. We were terribly understaffed all summer and the work at times seemed overwhelming, but we loved the children. During those strenuous months of August and September, bombing raids were of daily occurrence and the effect of them on those little mites was terrorizing. One night we had a tremendous thunderstorm. In one moment, it was pandemonium let loose; they thought the thunder was the Boche again. The panic among the little ones during our last hideous raid in September was pitiful.

South of Paris lay the old city of Blois and here the Tuberculosis Bureau established a small Women's Hospital, of seventeen beds. A large Franco-American dispensary located here was also maintained by Dr. White's bureau.

To summarize, the *Hôpital Bénévole, 19 bis,* at Paris; the Edith Wharton Sanatorium at Yerres; the *Asile Ste. Eugénie* at Lyons; the Edward Trudeau Sanatorium at Plessis-Robinson near Paris; and the small Women's Hospital at Blois were the hospitals maintained by the Bureau of Tuberculosis for the civilian population. These hospitals provided 6075 beds and maintained 172,942 patient days. The two American Red Cross dispensaries for tuberculosis were those located at Lyons and at Blois.

The Bureau of Tuberculosis developed extensive coöperation with the Rockefeller Foundation in its two model demonstrations. The joint dispensaries of the two organizations in the Nineteenth Arrondissement in Paris have been described. In the Department *Eure-et-Loir,* the Rockefeller Foundation with assistance from the American Red Cross maintained tuberculosis dispensaries at Chartres, Châteaudun, Dreux, St. Rémy-sur-Avre and Nogent-le-Rotrou. The Bureau of Tuberculosis provided hospital facilities at Dreux, at Châteaudun and at Chartres for advanced cases.

The two organizations also carried on an extensive anti-tuberculosis and infant welfare campaign. Three traveling *equipes* were organized and sent out through the various departments. Dr. Frances Sage Bradley was at one time in charge of one of these units. She wrote:

> This *equipe* consisted of an advance agent who arranged dates and suitable publicity, secured a building, hotel accommodations, etc.; a speaker from each organization; a young woman who gave practical demonstrations of bathing the baby; a mechanician. The exhibit material included several cinema on tuberculosis and the care of children; a series of panels on each subject; a small model of tuberculosis dispensary and a life-sized baby doll used for the bathing demonstration; and much literature for distribution.

American Red Cross nurses were assigned to this publicity work until the military crisis of 1918 made necessary their withdrawal and reassignment to Red Cross emergency hospitals. Then *visiteuses d'enfants* or French nurses carried on the nursing demonstrations.

The Bureau of Tuberculosis undertook extensive relief work for tuberculosis patients among the colonies of Serbian refugees in France. The American Red Cross also provided hospitalization for acute cases among the American Expeditionary Forces.

The fourth principal bureau of the Commission for France was the Bureau of the War Zone, which provided material relief of civilians still living in the fighting zones and assisted in making possible the return of refugees to the devastated regions and the areas evacuated by the forward-moving Allied troops. The fifth and last bureau of the Paris headquarters was the bureau for the Reëducation of French *Mutilés*. The American Red Cross Nursing Service did not share in the activities of either of these two bureaus.

Italy declared war on Austria-Hungary on May 23, 1915. The American Red Cross immediately offered to her the services of a unit of surgeons and nurses, as it had to the other belligerents, but the offer was declined. George B. McClellan, one time mayor of New York City, described in a personal letter addressed May 27, 1915, to Miss Boardman and Miss Delano, the popular feeling then prevalent in Italy:

> There seem to be very few trained nurses (in our sense) in the country. Since the war began last August, most of the Italian women have taken . . . courses in nursing. All are called Red Cross nurses and are very enthusiastic and willing.
>
> The work at the actual front is to be done by men, but the hospitals behind the lines and in the base are to be staffed by the few real trained nurses there are and by these amateurs.

> . . . I have talked with a great number of Italians and with a few Americans who know Italy. With one accord, they have all discouraged the idea of sending American and English nurses to Italy at the present time. The Italians do not want our help. They are convinced that they are quite able to take care of themselves and do not want us to send them either nurses, surgeons or advice. All agree that supplies will be welcome.

The nursing system in Italy resembled in many respects that which prevailed in France and other continental countries. The Sisterhoods had many nursing members. These nuns were seldom trained according to the Nightingale system, but long experience had made them able administrators and skilled nurses. They gave medicines, assisted in the operating rooms and had general supervision of the wards; but they did very little bedside nursing and they rarely nursed men.

The economic advantages of this type of nursing service were summarized by Mary S. Gardner, a pioneer American public health nurse who in 1918 undertook a special mission, to be described later, for the American Red Cross in Italy:

> Their employment offers a number of advantages; perhaps most important is the fact that the spirit of service actuates their work. It is also an inexpensive and convenient form of nursing service, for if a religious order staffs a hospital the management is at no further trouble. There is usually an adequate supply and if one nun is sick another appears to take her place immediately. The complete laicization in Italy would undoubtedly be a calamity. It would seem wise to offer a better and more general training to nuns. Even though a secular body of trained nurses may later be developed, the nuns must continue to occupy an important place in the nursing economy of the country.
>
> Monks also care for the sick.[41]

The actual bedside nursing of the patient was left to untrained attendants of the servant type, called *infermiere*. Of this type of nurse Miss Gardner wrote:

> This group, a large one, presents few possibilities for improvement. Hours of work are too long, living conditions too hard and salaries too low to attract a fine type of woman.

[41] General Report of the Commission for Tuberculosis, American Red Cross in Italy, pp. 49-50.

> nor does the work stimulate ambition. The doctors give most of the treatments usually given by nurses in England and America and little attempt is made either to increase the skill of the *infermiere* or to secure a type of woman capable of such improvement. It may be generally stated that few *infermiere* would be capable of receiving a nurse's training, even were requirements reduced to the lowest possible minimum. One unfortunate custom also prevails which is demoralizing to the *infirmiera's* ethical standard and which does much to prevent a uniform and disinterested care of the sick. In many hospitals fees are taken by *infermiere,* which inevitably leads to neglect of the poorer patients who are unable to "tip" their nurses. The *infermiera* may perhaps have a place in the economy of hospital management, but she can be looked upon as nothing but an unmixed evil, if regarded as a substitute for a graduate nurse or pupil of a well administered training school.
>
> Nursing is also done by men *infermieri,* who are of about the same type as the women.[42]

The *infermiere* were organized into a "union" called the *Associazione Nazionale Italiana tra Infermiere,* with headquarters at Rome.

Midwifery was in a much more advanced stage in Italy than in the United States. Every midwife was required by law to have had two years of training and one year of practice before she was permitted to follow her profession. "In some of the small towns, particularly in Tuscany," wrote Miss Gardner, "midwives act as operating-room nurses."

The modern profession of nursing, as developed to a high degree in the British Empire and in the United States, was non-existent in Italy. Very few foreign-trained nurses were there and practically no modern training schools had been established. Potent economic and social factors were at the bottom of this situation.

"Many have said," Miss Noyes often affirmed, "that thirty years ago in the United States girls entered schools of nursing for three principal reasons: to forget personal sorrow; to better their matrimonial prospects; or to earn their living in the only way then open to women except school-teaching."

Three similar reasons, however, cannot be said to have influenced Italian girls to become professional nurses. As for Miss Noyes' first reason, Italian women who wished to forget

[42] General Report of the Commission for Tuberculosis, p. 50.

personal sorrow in altruistic service entered the nursing Sisterhoods. As for Miss Noyes' second reason, Italian girls did not consider becoming nurses to better their social condition through advantageous marriage because the social position of *infermiere* was inferior to that occupied by student nurses in American schools of nursing. *Infermiere* were classed as servants and young Italian physicians were not apt to chose their brides from among them. In the United States, student nurses occupied a status which placed them on social equality with the internes in the hospital. As to Miss Noyes' third reason, nurses in Italy received a wage similar to that of the servant classes, not the thirty-five dollars a week and more which American nurses received for highly trained service.

These economic and social conditions which existed in Italy greatly inhibited the development of a professional nursing personnel. In addition, "the hospital authorities," wrote Miss Gardner, "are not hospitable to the training-school idea. It is considered too expensive a form of nursing and a woman superintendent with proper authority is thought undesirable. Even were plenty of pupils available, few hospitals are ready to open schools to receive them. . . ." [43]

Italian military nursing service was largely intrusted to the volunteer nurses of the *Croce Rossa Italiana,* the *Scuola Samaritana* and similar patriotic organizations.

The Italian Red Cross maintained a large body of volunteer nurses whose training covered intermittently a period of three years. Miss Gardner described the courses:

> In the first year not less than twenty lessons and at least one month in the hospitals with eight hours' daily duty are required. In the second year not less than twenty lessons and at least one month in the hospital or *ambulatorio* are required. The third year is a repetition of the second. The second and third year may, under certain conditions, be combined. Diplomas are given after theoretical and practical examinations. Nurses holding diplomas must have at least two months' experience in a hospital each year, otherwise their grade is lost. . . .[44]

The *Scuola Samaritana* offered two courses, one in First Aid, which was composed of thirty lessons and covered a period of

[43] General Report of the Commission for Tuberculosis, p. 51.
[44] *Ibid.*, p. 52.

two months, and another in nursing the sick and wounded, which included fifty-four lessons and covered six months. The instructors who gave these courses were volunteers and any person, either man or woman, could take them upon the payment of a small fee.

The Italian volunteer nurses were both devoted and able, as may be seen from a letter written February 4, 1918, to Miss Noyes by Sara E. Shaw, then representative of the American Red Cross Nursing Service in Italy:

> The people of northern Italy are very capable and their organization is really wonderful. They are proud—and justly so—of what they have done, but their nurses are also keenly interested in new methods. . . . The Italian women make splendid nurses. The volunteers really work and after two years of steady service are almost "trained nurses." A definite time schedule is kept for each volunteer on duty so they give really long hours of service. Their hearts are in the work.
>
> It is very important that our nurses who come here should not be critical. We need most capable women for this service, nurses who can do not only the technical skilled work but women of good personal appearances. Our nurses are watched with critical eyes. . . . Knowledge of Italian is almost imperative.

Three hospitals maintained upon the British and American system were mentioned in letters and reports to National Headquarters from American Red Cross nurses in Italy. One was at Florence and was directed by an English nurse, Miss Baxter. A small American hospital had also been organized and financed at Florence by an American teacher, Miss Sheldon. The third was the *Ospedale Yolanda* at Milan, which had ten pupil nurses.

Previous to 1917 the American Red Cross conducted practically no relief activities in Italy. During the summer of that year the collapse of Russia permitted the transfer of many German divisions from the eastern to the western and southern theaters of war. On October 21, 1917, the Austrian forces, reënforced by the Germans, struck at the Italian lines on the northeastern boundaries of Italy, broke through at Plezzo and Tolmino, took Udine on October 30 and were advancing on to the Venetian plains. The Italian Army withdrew to the Piave River and there during November and December dog-

gedly held strong defensive positions in some of the bitterest and most gallant fighting of the European War.

The Italian Retreat to the Piave River in the fall of 1917, caused, however, the evacuation of the civilian population from the entire northeastern thumb of Italy. Half a million refugees fled in complete demoralization to the central and southern provinces and to Sicily. From the invaded territory went 208,213 refugees; from the areas cleared for the new fighting zone went 87,552 others and from the districts in constant danger from enemy air raids went 131,009 more. Among these homeless, sick and often wounded old men, women and children was opportunity for the American Red Cross to render assistance which was needed.

During the summer of 1917 the American Red Cross had sent a commission to Italy under George F. Baker, Jr., of New York City, to ascertain whether or not American relief would be welcomed. This commission returned to Washington in October with a report which the military situation rendered out of date almost before their boat landed.

When word of the Piave Retreat reached Rome, Mr. Page, then American Ambassador to Italy, cabled to the War Council and wired Paris headquarters for help. National Headquarters immediately placed half a million dollars at his disposal and Major Murphy, commissioner for Europe, dispatched to Italy an emergency commission under Major Carl Taylor, one of the original deputy commissioners for Europe. This commission immediately undertook temporary relief measures; in the United States the organization of a permanent commission which had already been initiated with Colonel Robert P. Perkins, of New York City, in command, was speeded up.

American Red Cross relief to Italy was confined chiefly to hospital, ambulance and canteen service to the Italian Armies at the front and to the relief of refugees from the Venetian plains. To the Military Establishment the Italian Commission distributed 951,000 articles of supplies, including ten complete field hospitals and more than one hundred field ambulances and drivers. Thirty-three canteens were operated in Italy for the benefit of Italian and Allied troops. In the field of civilian relief, five refugee colonies were established in which 2774 persons were cared for; three hospitals and three dispensaries were maintained; 88 workrooms were operated in which 9057 persons were given employment and 1,411,105

garments were produced; 50 food kitchens were set up and an average of 28,664 rations were daily served from them. Uncooked food supplies were furnished to 424,600 persons. This work extended to 141 Italian towns and to thousands of villages from the Alps to Sicily.[45]

American Red Cross nursing service in Italy was confined chiefly to work of an educational nature. Even if Italy had welcomed emergency nursing relief, the supply of American nurses was too limited to have rendered possible any extensive development of such a service.

Early in November, 1917, the temporary commission called upon Paris headquarters for "an executive nurse for Italy" and Miss Russell assigned Pauline Jordan, then in Paris awaiting a problematical assignment to Roumania. Miss Jordan was a graduate of the New York Hospital and had served as anesthetist with the Carrel Mission to Roumania early in 1917, an account of which will appear later.

Miss Jordan arrived at Rome on December 2, 1917, and five days later wrote Miss Delano:

> From the nursing standpoint there is much work to be done. This includes the manufacture of surgical dressings and the opening up of new workrooms for this purpose; a certain amount of hospital and day nursery work; the establishment of a hospital at Rimini for refugees threatened with various mild epidemics; canteen work and visiting nursing among the refugee population.
>
> I expect to leave at once for Florence and Genoa to open surgical dressings workrooms. I have been allowed to telegraph to Paris for two nurses to take charge of these and we expect them in a few days. Whether we shall be sent to Rimini in connection with the establishment of the Refugee Hospital remains to be seen.
>
> The policy of the acting American Red Cross officers is against the introduction of American nurses. Up to the present time, the policy has been to donate money and supplies to the various Italian women who are the nominal heads of Italian organizations.

Alice Fitzgerald, whose name has already appeared many times in this history, was sent from Paris to open the Rimini Refugee Hospital. She wrote:

[45] For further details see "The Story of the American Red Cross in Italy," Charles M. Bakewell, The Macmillan Company, 1920; also "The Work of the American Red Cross During the War: A Statement of Finances and Accomplishments," pp. 68-72, Red Cross Library.

On December 19, with three other nurses, I started for Rome. Eight days later another nurse and I proceeded to Rimini, a town on the Adriatic Coast where the American Red Cross was carrying out an interesting experimental piece of work among the Venetian refugees.

The broad general lines of this work consisted in trying to keep families, relatives and friends together as much as possible and to remove with them their tools, looms or whatever equipment or implements were necessary to their particular means of earning a livelihood. These people were to be settled in such a way that they could continue as nearly uninterruptedly as possible their work—as if they were still at home in Venice. When the military situation was so altered that they could return to their home, they would thus not have lost touch with their families, relatives, friends, and particularly their work.

Numerous committees had this scheme in hand and distribution of food and clothing was being made to them. The care of the sick was just beginning to take form and the Commission for Italy planned to start at Rimini a health center from which care could be sent to outlying districts either through visiting nurses and doctors or by the establishment of small dispensaries and infirmaries. My particular mission in the city was to help organize and start the American Red Cross Hospital for Venetian Refugees.

When we arrived in Rimini in the early morning, the snow was thick on the ground.[46] The next morning we were driven out to the hospital which we found had been established in a large building on the seashore. This building had been erected as a summer home for tuberculous children from the mountain regions of Italy . . . and was nothing but windows and doors. The cold poured in from all sides. There was absolutely no means of heating the rooms, either by stoves or fireplaces, and the patients already in the hospital were actually blue with cold in their beds. Hot-water bags did not remain hot long enough to take off the chill and the piling on of blankets scarcely added to the comfort of the sick man or woman or child. Conditions were indeed desperate and our very first effort was to obtain stoves and have them put up in as many of the wards as we could. The one other nurse was wonderfully plucky and did not complain, but I know she suffered as much as all of us did.

[46] This tremendous and for the Allies providential snowfall closed the open winter which had greatly aided the Teutonic offensives, impaired the German lines of communications and prevented the enemy from capturing vital new passes and emptying their armies onto the Venetian plains through strategic positions already held.

> Little by little conditions adjusted themselves. The hospital ran to full capacity and our work spread to many miles around. On February 13, 1918, I was recalled to Paris. . . .

The Rimini Hospital, which was known as the *Ospizio Comasco*, had a capacity of one hundred and fifty beds. American Red Cross nurses served as supervisors and fourteen Italian girls who had been employed in the Venice Civil Hospital for some months acted as aides. Five male *infermieri* were on duty in the men's wards. On May 1, 1918, the professional staff was increased to seven American Red Cross nurses and a nurses' home was opened in the Villa Tonti. The Rimini Hospital had many acute cases, especially during the influenza epidemic, and about one hundred and fifty patients died. During the year of its operation, *Ospizio Comasco* received 1533 patients.

The permanent Commission for Italy arrived in Rome on December 20, 1917. Colonel Perkins had appointed Sara E. Shaw to membership on his staff. She had been in charge of the tuberculosis division of the social service department at Bellevue Hospital and he wished to utilize this previous experience in connection with giving temporary relief in Italy. However, the Nursing Service at National Headquarters was loath to allow a nurse to serve at this particular period in any but a professional capacity, so Miss Shaw was appointed chief nurse of the Italian Commission and Miss Jordan was recalled to Paris headquarters and assigned to duty in France. Miss Shaw was a graduate of the Bellevue School and had served as a Red Cross nurse on the *Lampasas* Expedition and also six months in Manila during the Spanish-American War.

In a final letter of instructions written November 28, 1917, to Miss Shaw, Miss Noyes outlined the policies which were to govern the development of American Red Cross nursing service in Italy:

> Italy is a big country . . . and we do not know how you will approach a study of nursing conditions with a view toward making recommendations to us in this country. You must bear in mind, however, that the demands now facing the Red Cross Nursing Service—to meet all the military needs of the base hospitals in France, the cantonment hospitals in this country and the public health work we are doing in for-

> eign countries, *with the least possible disturbance to civilian hospitals and other forms of nursing work in this country*, puts no small task upon our shoulders. It would be quite impossible, of course, for the American Red Cross to assume the nursing in civilian hospitals in foreign countries. They might take up a definite piece of public health work, in connection with directors and supervisors of institutions, but there are not enough nurses in America to supply other countries of the world with a professional nursing staff.

During the first weeks of January Miss Russell sent nine nurses to assist Miss Shaw in Italy. National Headquarters organized a unit of sixteen others and they sailed from New York in April. Katherine C. DeLong, a Canadian woman and a graduate of the Johns Hopkins School, was head nurse of this detachment. Previous to the Italian assignment, Miss DeLong had filled many executive positions at the Johns Hopkins Hospital and had been superintendent of residence both at the Johns Hopkins and at the Bellevue Schools. Other nurses were sent to Italy from the United States and Paris Headquarters until Miss Shaw's staff finally numbered thirty-seven nurses.

Miss Shaw's first major project in Italy was the establishment of a Nurses' Center in Milan. On April 22, 1918, she wrote Miss Noyes:

> My activities have been varied. I have visited many military hospitals and have been very cordially received. The Marchesa Castelnuovo, who is at the head of the Italian Red Cross for this section of the country, has been a good friend and advisor to me and so also have some of the Italian medical officers.
>
> The need seemed to be more for hospital supplies than for nurses. The volunteer nurses are well organized and are really doing excellent work. There seems no place suitable for our trained women to render definite emergency service. This is the reason for our plan of a Nurse's Center and I have secured a *pensione* which is now in the throes of being cleaned and remodeled for this purpose.
>
> In one separate division we have fifteen private hospital rooms and an operating room where we can efficiently care for our own American force or where we can have facilities ready for any special emergency.
>
> We have one floor for servants, linen and supply rooms and a beautiful cellar where food can be stored. Another floor

is used for the nurses. We have a reception room, lecture hall and library, demonstration room and dining rooms. There are balconies on each floor.

We do not say we are establishing a training school; this would be objectionable to Italians who were prone to organizing work like this before the war. But the idea of conferences appeals very much, so we are to have conferences and lectures by prominent doctors. The Italian women who are supervisors and heads of each hospital will come to the conferences. The demonstration room will always be open for demonstrating various American methods of caring for the sick.

This plan for conferences will aid in the distribution of hospital supplies. Many things of which they do not understand the use are made in our workrooms and we will demonstrate the use of these dressings. By this plan it seems to us that we can be of greater help than if we were lost in one little hospital.

The American nurses at Milan undertook many other types of war service in addition to that at the Teaching Center. Miss Shaw described them in her letter of April 22:

There is also big work to be done in the distribution of hospital supplies. We have cleaned up several rooms in a famous old palace and there seventeen Italian women sort dressings and fill hospital requisitions; two of our American Red Cross nurses are on duty here. Each of our nurses is now preparing a suitcase of sterile dressings and necessary instruments and if a call comes for nurses for an emergency service, they can pick up their case and run. None of us have wasted time waiting for work; we have certainly found plenty to do. We make up gift packages and distribute them in hospitals and every month we meet the prisoners of war returned on exchange from Austria.

The uniforms of the American nurses were a source of keen interest to the Italians. The nurses had white tailored dresses made after the pattern of the one-piece serge dress and wore them with the cape and cap for dress parade, a combination which greatly appealed to the color-loving Italians. "Our boots," wrote Miss DeLong to Miss Noyes, "seem an unending source of amusement to the natives and they cross the streets to read the lettering on our brassards."

From the Nurses' Center at Milan, the influence of Miss Shaw and her nurses extended to other parts of Italy. In view of the attitude of the Italians and the limited number of American nurses, they were placed only in hospitals and dispensaries where they would have a wide radius of influence.

The Commission for Italy established and maintained six hospitals, two of them for refugees; the Nurses' Center and Hospital at Milan; a hospital of twenty beds at Padua for the Air Forces of the American Expeditionary Forces in Italy; and an American Red Cross Hospital in Rome.

The first refugee hospital which was established at Rimini, has already been described. The other was situated at Canicattini Bagni, in Sicily.

This drowsy old town of fifteen thousand inhabitants was situated fifteen miles from Syracuse and received, as did all the cities and villages of Sicily, immediately following the Piave Retreat, large numbers of refugees from the Venetian plains. Need had arisen for a hospital, so the mayor of Syracuse asked an American woman physician, the wife of an Italian surgeon then at the front, to take charge of it. She moved into the improvised building, named it the Martha Washington Hospital and on March 1, 1918, the institution came under the direction of the commission. Additional equipment was given, the director was appointed as the American Red Cross representative for that district and the commission maintained it for a year, during which time two hundred and seventy-two patients were received. No American Red Cross nurses were assigned, however, to the hospital.

The American Red Cross Naval Hospital at Genoa was situated in a villa at Lido d'Albaro. Four American Red Cross nurses, three nuns and seven naval hospital attendants were assigned to duty there. Early in September, 1918, the hospital was taken into the Military Establishment. During the period of its operation as a Red Cross hospital, forty-nine patients were received.

The American Red Cross at Padua, which was operated for American aviators from the various camps near Padua, was situated in a wing of an old university building. Miss Shaw sent a nurse to organize and operate it in October, 1918, but the influenza became virulent in the camps and six additional nurses were placed on duty to care for the hundred patients sent in from the aviation centers and the 332nd Regiment of

the American Expeditionary Forces. The hospital was operated until April 1, 1919, and received a total of one hundred and thirty-two patients. Additional American Red Cross nurses were detailed to service in aviation and hydro-aviation camps at Foggia, Bolsena and Porta Corsini.

The American Red Cross Hospital at Rome was established to care for all American workers in Italy who needed hospitalization. It was beautifully situated on the two upper floors of a large building fronting the Pincian Gardens, and had a thirty-five bed capacity. Four American Red Cross nurses and two Italian aides composed the nursing staff. During the three months of operation following its opening on August 22, 1918, fifty-six patients were admitted.

A convalescent home for sick children with a capacity of twenty-eight beds was established at Taormina and was known as the *Casa dei Convalescenti.* It was staffed by American Red Cross nurses and Italian aides. A local Italian physician attended to the medical needs.

The Commission for Italy operated nine dispensaries which were nuclei for public health nursing service and child welfare work. These dispensaries were located at Cesanatico, Bellaria, Chioggia, Genoa, Florence, Naples, Avellino, Villa San Giovanni and Taormina. In the establishment and maintenance of these dispensaries the American Red Cross worked entirely through local Italian committees. Each of the members of the *Dieci per Uno,* the organization which sponsored the dispensary at Genoa, assumed responsibility for the care of ten children. At Florence, the dispensaries took the form of three *Aiuti Materni.* American Red Cross public health nurses were in charge and did district visiting, distributed eggs, milk, broth and layettes.[47]

In June, 1918, the Italian Armies, strengthened by reënforcements from the British and French, launched a counter-offensive against the Teutons which resulted on November 3 in the complete collapse of Austria-Hungary. With the changing fortunes of war came a substantial lessening of the need for emergency relief. The American Red Cross Commission for Italy then looked ahead toward the formulation of a more constructive program.

[47] For a complete list of the various assignments of American Red Cross nurses in Italy, see "Reports of the Departments of Military and Civil Affairs, American Red Cross in Italy, January, 1918-April, 1919," Red Cross Library.





(Above) *Ospizio Marino*, an American Red Cross Hospital for children suffering from bone tuberculosis, at Valdoltra, near Trieste, Italy.

(Below) A patient of the *Ospizio Marino*.

During the spring of 1918, Dr. Farrand, director of the Rockefeller Commission for the Prevention of Tuberculosis in France, and Dr. William Charles White, director of the Tuberculosis Bureau, American Red Cross in France, made a health survey of Italy with a view toward the inauguration of an anti-tuberculosis campaign in Italy similar to that undertaken in France. Also Dr. Joseph Collins, Major, Medical Corps, U. S. A., and director of Medical Affairs of the Commission for Italy, made an independent study of health conditions. As a result of the recommendations of these men, National Headquarters appointed in September, 1918, the American Red Cross Committee for Tuberculosis, with Dr. White as the director and Mary S. Gardner as chief of the Section of Public Health Nursing.

Miss Gardner needs no introduction at this point in this history. Full biographical material regarding her signal contribution to the American nursing profession may be found in the chapter on American Red Cross Public Health Nursing Service—a more appropriate field for such an account than this section, which deals primarily with American Red Cross military nursing service. However, the military program in Italy was closed by the demonstration made by Miss Gardner of American methods of public health nursing service.

Miss Gardner and fifteen public health nurses sailed for Italy early in September and initiated a special educational project. The emergency nursing activities, such as the operation of hospitals, surgical dressings workrooms, were gradually brought to a conclusion. Miss Shaw, Miss DeLong and many of the first detachments of American Red Cross nurses in Italy returned to the United States during the spring of 1919.

The specialized phase of nursing service known as public health nursing was a development, purely, of the British and American nursing professions. It did not exist in Italy. In the supplementary Report on Nursing, General Report of the American Red Cross Commission for Tuberculosis in Italy, Miss Gardner wrote of the Italian situation:

> Home visiting is done to a small extent by nuns and in some instances nursing care is given by them to the patients in their homes. Usually such care is made secondary to the dispensing of material relief and the giving of spiritual comfort or instruction. Home visiting is also carried on from a number of dispensaries by groups of volunteers, many of

> whom do excellent individual work. Knowledge and skill are, however, gained only by experience and in all these efforts which have been studied the usual limitations of volunteer work have been evinced: namely, an insufficiency of time spent, an absence of training and a lack of work caused by the call of other duties. In one group dealing with tuberculosis patients, all work stopped during the influenza epidemic (a time when an added vigilance was required), not because the workers themselves were ill but because, being mothers and wives, it seemed unwise to run the risk of contagion for themselves and their families.

The general policy of the Commission for Tuberculosis was that it should work only with Italian committees and only upon request from Italian communities and organizations desiring American coöperation. The Section on Public Health Nursing followed this policy. Italian and American public opinion hung on the outcome of the Peace Convention of Versailles. Although enthusiasm for America and American ideas then ran high in Italy, the entire situation was one of extreme delicacy and continued so until the close of the Italian program.

"The problem," wrote Miss Gardner, "seemed two-fold, the creation of a desire for the work and the creation of a group of workers. The former involved the stimulation of groups of Italians to a consciousness of the need for public health work, a stimulation which must be carried to the point of formation of committees. The latter involved the training of a few carefully selected Italian women to act as pioneers and teachers in the new field."

In the selection of these Italian women who should act as pioneers, three fields of supply were open to the Commission—the nuns, the *infermiere* and the Italian Red Cross and *Samaritana* nurses.

Among the volunteer nurses then being demobilized after a war service of from one to three years, however, there were many women who had loved their work as nurses and who were glad to continue it upon a remunerative basis.

Miss Gardner summarized the work involved in the training of these women:

> In the first place an enlightened Italian committee must be formed, willing to work hard and capable of sufficient elasticity of thought to permit the grasping of unfamiliar

ideas; a committee also from whom permanency of work could be expected. A single course offered by American nurses, with no hope of successive courses, would avail but little.

In the second place a group of workers must be found possessed of the pioneer spirit and the type of ability likely to insure success.

In the third place Italian doctors and other lecturers must be secured and interested in the new idea.

In the fourth place a field for practical instruction must be developed by the American nurses under wholly Italian auspices.

In the fifth place the market for the product must be stimulated that positions might be ready for the newly educated workers.

Under these plans, three courses were initiated, the first at Rome through a committee organized under the auspices of the Federation of Women's Clubs; a second at Genoa through a sub-committee of the *Lega Antitubercolare della Provincia di Genova;* and a third at Florence. The school at Rome opened on March 17, 1918, with sixteen students and the school at Genoa on April 2 with fifteen. A plan for a school at Palermo was initiated but later was given up. The school at Florence was begun on November 10 but the course was not completed.

The instruction covered a period of four months. The first three were given up to lectures and to field and practical work; the last month was spent entirely in field work. Miss Gardner described the nature of the instruction given:

One American nurse is in charge of each school while six others in each city act as instructors in dispensary work, school and home visiting. All the educational work is under the direction of one educational head. Lectures are given by Italians, though American doctors also lecture through an interpreter. Conferences are held by American nurses. Dietetics and invalid cooking are taught by both American and Italian teachers, the Italian teacher being lent by the Ministry of Industry. The courses of study differ somewhat in the different cities, but the following subjects are taught in all: history of public health nursing; theory and methods of public health work; tuberculosis nursing; child welfare nursing; school hygiene nursing; dietetics; obstetrical nursing; diseases of the skin, of the eye, of the ear,

> nose and throat; sanitation; housing, with one or two lectures on Italian mortality and morbidity statistics.
>
> . . . In Rome the course is held in two simple rooms formerly stores, and in Genoa at the Tuberculosis Institute and at the University. . . .

An interesting comment upon the courses in Rome was contained in the following letter, written by Winifred Terni de Gregory, president of the Lombard Branch, National Association of Italian Nurses, which was published in the open columns of the British *Journal of Nursing*:

> . . . Usually foreign Red Cross societies, while giving their nurses excellent scientific training and a great deal of practice in operation theater and surgical wards, have so far never given real systematic teaching in the art of practical nursing.
>
> What our excellent Italian Red Cross nurses know on the subject, they have found out for themselves or learned from English books, never having had professional Matrons or Sisters to teach them, and until lately the subject of practical nursing was not included in the Red Cross curriculum. Now I am happy to say, a new curriculum has been compiled at Red Cross Headquarters which gives a prominent place to the teaching of practical nursing. But most foreign nurses (except those trained in English training schools) know very little on the subject and when a public health course for Italian Red Cross and other nurses was arranged in Rome by the American Red Cross, at my suggestion a great many lessons on bed-making, washing of patients and other nursing details were included in the course, with great benefit to the students and ultimately, I hope, to the patients.

The possibility of developing public health nursing in the small Italian hill towns was a project in which the American Red Cross took keen interest, owing to the pioneer work done in the United States in this field by Miss Clement, Miss Gardner and Miss Fox.

A study was made of two typical Italian towns, Sezze and Piperno, situated fifteen miles apart above the Pontine Marshes. Miss Gardner summarized the results of these studies:

> If Sezze and Piperno are at all typical of other small Italian towns—and we have reason to believe that such is the case—it seems probable for the small towns of Italy,

That the services of a good public health nurse would be warmly welcomed by the people.

That there is great need for such service for bedside nursing, for dispensary and school work and for general home instruction on health matters, also for assisting the people to obtain for themselves more modern health advantages along various lines:

That it is going to be difficult to induce an Italian nurse to accept the limitations and discomforts of small town life.

That the community as a whole would probably be quite as ready as the more backward American towns to coöperate in the nurse's efforts for improvement, though in this statement an understanding of the difference between Italian and American standards must, of course, be taken into account. The doctors will, as in America, prove the importance of the personal equation. Some will be found coöperative, the others the reverse.

That the average small town will not readily understand the necessity of paying a sufficient salary to secure the right type of woman for public health nursing work.

As may be seen from these results, the possibility of developing rural public health nursing in Italy in 1919 was not a promising one. "For the moment probably the most effective expenditure of money and effort for public health work," concluded Miss Gardner, "will be in the cities and larger towns. Later the small town work in Italy can undoubtedly be developed as has been rural and county nursing in England and America, bush nursing in Australia and back block nursing in New Zealand. Meanwhile, nothing can be done without the worker. The heart of the difficulty would, therefore, seem to be in the problem of nursing education."

In June, 1919, Miss Gardner returned to the United States and Edna Foley took her place as chief nurse of the American Red Cross Tuberculosis Commission for Italy. Miss Foley was released from the superintendency of the Instructive Visiting Nurse Society of Chicago to undertake this foreign service. As a member of the National Committee she had for many years taken a keen interest in American Red Cross nursing service.

During Miss Foley's term of office, the school at Florence was opened and a second course at the Rome and Genoa schools was completed. Public health nurses were assigned to duty in Perugia, Spezia and Palermo. The work at Palermo was con-

ducted by the *Lega Antitubercolare,* a local society organized by Dr. White's commission. Mary Gallagher and Isabelle Hall were on duty at a tuberculosis clinic there. "Dr. Lazzaro, the chief of this clinic," wrote Miss Foley in her report of September 12-October 25, 1919, to the Commissioner, "said he considered the work of these two Red Cross nurses the biggest gift of the American Red Cross to Sicily." Miss Foley's report continued:

> Late in August Miss Hall succeeded in establishing a clinic for well babies. . . . There were more than forty babies the opening day and a large attendance at every clinic. Miss Hall left a young half-trained Italian girl in her place. She was much afraid that the clinic would not survive, for its Committee, like all other organizations for social endeavor, is poor. We have seen poverty all over Italy, but that in Palermo seems to haunt the streets. The babies are particularly starved and sickly looking.

A visiting nurse was employed in a country district near Perugia and her round of duty covered three small villages.

The American Red Cross completed its nursing activities in Italy on December 31, 1919, and withdrew from the country. A final gift of 36,000 lire was made to carry on the schools; 9000 lire each was given to the *Scuola Infermiere Visitatrice* at Rome, the *Lega Antitubercolare della Provincia di Genova* and the *Scuola Infermiere Visitatrice* at Florence; 4800 lire to the *Lega Antitubercolare di Palermo* and 2400 to the *Lega Antitubercolare dell' Umbria* at Perugia.

In a letter addressed on November 11, 1919, to the American Red Cross Commission to Europe, Miss Fitzgerald, then chief nurse of the Commission to Europe and herself a resident for many years in Italy, summarized the schools of nursing which were organized by the American Red Cross:

> The work done by Miss Foley and her staff consisted of carrying on the course of instruction established by Miss Gardner for the purpose of training young women in visiting nursing and the care of patients suffering from tuberculosis. It has been very up-hill work to obtain the coöperation necessary for successfully carrying on these courses, particularly from the medical profession, which in Italy is still opposed to the higher education of nurses.

> Committees of prominent women have been formed in Rome, Florence and Genoa and these have fulfilled their obligations . . . to the extent of providing class rooms for the course and interesting themselves generally in the work. However, this interest is not strong enough to influence the medical profession sufficiently to obtain for these students the field work necessary to complete their training. Some dispensaries have been willing to take these students for a certain number of days a week, but the doctors have refused to allow the nurses or the students to do any follow-up work or to visit the patients in their homes. This the doctors claim would never be tolerated by the people, but as a concession they admit that later on an Italian nurse might be allowed to do the visiting work.
>
> This lack of coöperation from the doctors necessarily limits the scope of the training and this has been conspicuous in Rome. In Genoa the doctors have been more helpful and the graduates of the first course have found positions in dispensaries, clinics and schools. . . .
>
> From October, 1918, we have had in Italy Miss Gardner, Miss Thompson and Miss Foley, all three of them women who rank high in our nursing profession and who are specialists along public health lines. They have worked hard and have been deeply interested in their work. I feel, however, that educational work of this kind has not found appreciation in Italy, but I hope I may be mistaken in this. So far the work has resulted in educating less than twenty women . . . and the great difficulty is to obtain positions for them after their studies are completed. The medical profession is not ready for associates of this kind and naturally the demand for such workers must come from them.

Miss Fitzgerald summarized the long struggle which had taken place in Italy for the higher education of nurses:

> The history of the attempts to educate nurses in Italy is one of great discouragement. . . . Attempts to run training schools along the lines of American and British training schools have been made by British nurses in Florence; by the Queen of Italy herself, at a big hospital in Rome where several wards were given over to an English-trained nurse; by a graduate of the Johns Hopkins School, in Naples; and by the Italian Red Cross in Milan. . . . The results are practically the same in every case. The opposition of the doctors has continued; to this has been added the ill will of both men and women of the servant class of nurses who now do the nursing

in Italian hospitals; and the well-established control by nurses. This opposition is represented by a very large body of people, none of whom wish the reform as each one fears a personal loss of prestige and privileges.

It has been suggested at different times that the approach to the nursing problem in Italy and in France should come through the religious body. It is interesting to note that this was attempted in Florence; two nuns were sent to the training school in Rome for the full three years' course. Upon their return to Florence, they immediately took sides against the trained women and went back to the opposition, thereby showing the uselessness of this mode of approach.

The only ray of hope I can see is in the Italian Red Cross, which, I believe, intends to start training schools and has already placed on a salary basis nurses who are now acting in an official capacity for that organization. This is already a step in the right direction, as the Italian Red Cross formerly insisted that all nursing should be voluntary and in no way did the society recognize the necessity for trained and salaried personnel.

It is very apparent that Italy needs no help from us in this line.

Thus was ended the work of the American Red Cross in Italy. The seed of modern nursing which the American Red Cross attempted to plant in Italy at great cost fell into barren soil, but may in the future take root and bear fruit. Promise of this future development is contained in the following notice which appeared in the Foreign Department of the October, 1920, issue of the *American Journal of Nursing*:

> The three courses in public health nursing established by the American Red Cross Tuberculosis Commission in Italy are meeting with well-deserved success. When the American nurses were withdrawn in January, people prophesied that the courses might be closed, but the carefully selected and organized Italian committees have proved themselves more than able to meet any emergencies and the shorter courses in Rome and Florence are both to be repeated. A new course is being opened this month in Milan by the Italian director of the Rome course and the more ambitious ten months' course which is being offered in Genoa closes this October. Letters from Italy tell us that the graduates of all three courses are in such demand that there are constantly more positions than candidates. The nurses who saw the hardships of the primitive

> life in the southern part of the peninsula will be interested in knowing that one nurse has been placed in Calabria, three in Sicily and more will be sent south as soon as they have completed the special training. . . .

Miss Gardner epitomized the Italian situation: "Italy must work out her own nursing salvation and it must be an Italian salvation worked out by Italians in an Italian way."

Roumania perhaps suffered more during the European War than did any other nation, with the exceptions of Serbia and Siberia. She was faced on the south by the Bulgarians, who were smarting under the outcome of the Second Balkan War and desired to recover the lands of Dobrudja lost under the Treaty of Bucharest; on the west by powerful Austria-Hungary; and on the north by Russia, an ally in whom Roumania had little confidence. For two years she had remained an island in a whirlpool of war, but on April 28, 1916, she joined the Allies.

The kingdom of Roumania then occupied the great plain which sloped from the Carpathian Alps to the Black Sea, a plain covered with rich alluvial deposits similar to the famous Russian "black earth." The shape of the country resembled the letter "Y." The province of Dobrudja occupied the leg of the letter and fronted on the Black Sea. The principality of Wallachia formed the left arm and extended westward. The principality of Moldavia formed the right arm of the letter and extended north between Austria-Hungary and Russia.

The country was chiefly agricultural. In 1900 Roumania was the third largest grain-growing nation in the world. She possessed rich oil and coal deposits and iron, copper, lead, nickel, mercury and other metals in quantities sufficient to make mining profitable. However, the Roumanian temperament did not incline toward industrial life. The oil fields of Wallachia had been developed to considerable extent by foreign capital. Roumania's chief exports were timber from the oak, pine and beech forests of the Carpathian mountain slopes, petroleum and grain. She imported metals, machinery, textiles and other manufactured necessities of modern life.

In 1914 the population of Roumania numbered approximately seven and a half million people, of which six million were Roumanians and the others Jews, Tartars, Magyars, Serbs, Bulgars and Armenians. The Roumanian element was sharply

divided into two classes: the wealthy land-owning aristocracy who possessed a culture similar to and largely derived from the French, and the peasant group who were made up for the most part of simple uneducated folk who tilled the grain fields and herded the flocks. A middle-class industrial or merchant group similar to that in the United States did not exist.

In 1914 Roumania found herself in an extremely difficult political position. She had gone in 1877 to the rescue of Russia, then hard pressed by the Turks at Plevna, but was rewarded by the deprivation of the province of Bessarabia and was given a part of worthless Dobrudja as compensation. Roumania's independence from Turkish sovereignty was, however, established, and in 1881 the country was proclaimed a kingdom. Prince Charles of Hohenzollern-Sigmaringen was crowned King under the title of Carol I. During the thirty years' reign of Charles and his poetess-queen, "Carmen-Sylvia," the era was one of national prosperity and economic and civil development.

During the first Balkan War of 1912-1913, Roumania remained neutral. When peace negotiations were begun, Roumania claimed that she was entitled to territorial compensation from Bulgaria for her neutrality and demanded cession of the town of Silistria, realignment of the frontier of Dobrudja and cession of a strip of coast territory on the Black Sea to permit her to develop a naval base. The Second Balkan War was declared before these claims had been settled. Roumania put her armies in the field, occupied Silistria and by July 13, 1913, had approached within twenty miles of the Bulgarian capital. An armistice was then signed and by the Treaty of Bucharest, Roumania obtained what she had claimed but also the enmity of her southern neighbor, Bulgaria.

When the European War broke out, King Charles desired to join the Central Powers, but Roumanian public opinion was in sympathy with the Allies, so the country remained neutral. King Charles died on October 10, 1914, and two years later, his queen died. The successor to the throne was Ferdinand, a nephew of Charles and a younger brother of Prince William of Hohenzollern-Sigmaringen. Ferdinand had married Marie, daughter of the Duke of Saxe-Coburg and Gotha and granddaughter of Queen Victoria, a woman of unusual beauty and strength of character who had won the love and sympathy of the Roumanian people.

Roumania declared war in April, 1916, and in the summer her First Army invaded Transylvania, captured Kronstadt and Hermannstadt and by September 9 were holding nearly one-fourth of Transylvania. General Von Hindenburg with 450,000 veteran troops was then sent by the German High Command to crush Roumania. The opposing armies met at Hermannstadt and in four days of fighting the Roumanian First Army was annihilated. General Von Falkenhayn made a rapid enveloping movement, came up in the Roumanian rear and cut off their retreat through the Red Tower Pass. The Roumanian forces were thrown into disorganization and retreated in complete disorder and with great losses.

On the south the Bulgar and German forces were also pressing forward. General Von Mackensen entered the Dobrudja. Russian reënforcements failed to arrive and Roumania was then "like a nut in the jaws of a nutcracker." [48] Von Falkenhayn was pushing down from the north and Von Mackensen up from the south. By August, 1917, the Teutons were in complete possession of all of Roumania except Moldavia.

In little more than a year Roumania had lost her two richest provinces and at least two hundred and fifty thousand men, forty per cent of her original army. Much of its equipment and ordnance had been captured by the enemy.

Government and Army Headquarters and the Court evacuated Bucharest and fled to Jassy, the former capital of Moldavia. This city was also the headquarters for the Russian Armies operating on the Roumanian Front. Jassy had normally a population of about seventy thousand; this in 1917 was more than doubled. As also the refugees from the two occupied provinces had fled to Moldavia, this least rich of the Roumanian provinces thus was called upon to support the Government officials, the Roumanian Army of four hundred thousand, the refugees who numbered about half a million and the Russian Army which at one time aggregated about one million men.

The winter of 1916-1917 was one of the most severe on record; the thermometer often registered thirty degrees below zero. Cattle, horses and sheep died for want of food. People were found dead from starvation and exposure in the streets of the cities and in dugouts, stables and huts in the country. In December, typhus began to spread among the devitalized popu-

[48] "A Reference History of the War," I. S. Guernsey, p. 162. Dodd, Mead & Co., New York, 1920.

lation. During the winter and spring 230,000 persons died of disease and by the summer of 1917 Roumania had lost from war casualties and diseases seven per cent of her entire population.

Both from an economic and professional point of view, Roumania was not prepared in 1916 to give to her sick and wounded soldiers and to her typhus-ridden civilians sanitary service comparable to that which prevailed in the British Empire and the United States. Three types of hospitals existed in Roumania: those established by the Roumanian Red Cross; those by the Roumanian Army, and those by Queen Marie.

The hospitals of the Roumanian Red Cross maintained the highest standards in caring for the wounded. They were usually of five hundred bed capacity and were generally located in a school building which had been taken over for use as a hospital. The equipment was the most liberal and the food the most adequate of any hospitals in the country. This superiority was due to the fact that the Roumanian Red Cross was a well-established and generously-supported organization. Also, the most prominent surgeons were associated with this group of hospitals. The nursing service was rendered by Red Cross volunteer nurses, untrained according to the English and American standards, but devoted and tireless in their ministry.

The hospitals established by the Roumanian Army were generally located in newly-constructed wooden barracks. The beds were of wood, the mattress of straw and one sheet and two blankets were furnished to each patient. The capacity of the hospitals located at important strategic points ran as high as 2000 beds. No women nurses were employed in this group.

The hospitals of *Regina Maria* were usually to be found in the smaller villages and towns. They had been established and were supported by the resolute Queen Marie.

In September, 1916, a French medical unit under the direction of Dr. Dehelley was sent at the request of the Roumanian Government to Jassy, to demonstrate the Carrel treatment of wounds. One of the nurses was Pauline Jordan, the American Red Cross nurse who was later sent to Italy; she had been on duty since 1914 at the American Ambulance at Neuilly. The Carrel Mission arrived in Bucharest in the fall of 1916 and a letter written by Miss Jordan on April 22, 1917, to Miss Delano, gave an excellent picture of conditions existing in many Roumanian hospitals:

We were given a pavilion of the best hospital at Bucharest but it was hardly ready for patients when the city was evacuated. Arriving at Jassy, we were placed in a Roumanian hospital.

There were no "nurses" here, only ladies who came in to see that the domestics did their work properly. During the six weeks that we were in the Roumanian Hospital at Jassy, we did most of the dressings under great difficulty. The dressing room was crowded with Sisters of Charity, boy scouts, medical students and many young girls. As we had over six hundred patients and about four sets of instruments and only one alcohol stove, the work was never completely finished.

There was no heat and the food was very poor. Our principal diet was corn meal mush and goats' cheese, black bread and occasionally beans. Once a day we had tea and twice a week meat. During the winter we cared for patients whose feet had been completely frozen while lying in bed.

The Carrel Mission was soon moved into their own hospital, a building formerly used as a school for orthodox priests. Miss Jordan wrote:

We found it unbelievably dirty and with the poorest of sanitary arrangements. The wounded were alive with vermin and we had no supplies. When the severely wounded came in we had almost nothing to work with. They lay on straw mattresses without rubber sheets and the straw quickly became contaminated with pus and blood, but we had no fresh straw A great many of them died from exposure and septic infection. I remember the amputation of the arm of two patients, which was caused by bandages applied too tightly before they came to us.

There are one or two huge Roumanian stoves in each ward, but we have had almost no wood or coal to burn in them. We have had biting Russian winds and icicles hung from the windows in the wards all winter and the wounded used to cry to us: "Give us a fire, we are freezing, we are dying of cold!" We have operated for days when our breath almost congealed in the cold air. Of course we have had a great many cases of pneumonia. There rarely was ever more than one blanket to each bed.

There are no basins for the patients to wash themselves in, no towels and they have been without nightgowns for weeks. There simply isn't anything in the country and the supplies which have been ordered have either been sunk or lost in

Russia. The food for the patients consists of thin soup twice a day, black bread and occasionally beans. From time to time we have had a little condensed milk and macaroni for the sickest patients. Our food is the same, with the addition of potatoes and meat twice a week. As French officers, we are permitted to buy meat once a week. The Queen sent us some rice, macaroni, sugar and tea and the American Legation has been very kind to us indeed so we have managed to live through the winter. The patients are all suffering from malnutrition.

No doubt you have read of the frightful typhus epidemic. The hospitals are full and at present the authorities are building rude barracks on the outskirts of the city for them. People have died by the thousands and all the hospitals are overcrowded. . . .

Upon admission, the *blessés* are bathed, shaved and rubbed with petrol. When they came to us, they received a second petrol bath on the stretcher before being put in bed. The floors are washed with petrol once a week and beds and mattresses scrubbed regularly, but on account of the dirty maids and militia, one never feels safe. Life here is a continual fight against the vermin. In spite of precautions we find them occasionally on our clothing. They are absolutely colorless and have tiny black crosses on their backs.

In a letter written to Miss Delano on August 5 from Jassy, Miss Jordan commented again on the nursing situation in Roumania:

The Roumanian offensive has started brilliantly, but has been forced to stop owing to the Russians. . . . Hospitals have been organized all along the line of the prospective offensive, some of them only five kilometers from the trenches. . . .

There are five of us graduates now and we sit day after day making surgical supplies . . . mattresses all neatly tucked in, envelope-fashion, while many other hospitals have neither the supplies nor the people to make or use them. This is our great trial. A unit will come out and take over the direction of a hospital of one hundred to three hundred beds. In that one hospital, everything will be as nearly perfect as existing conditions will allow, down to the smallest compress, while in the rest of the country the very essentials of life and death are overlooked and all is confusion. We have so often regretted having been able to do so little good in a country where the need is so great.

> The greatest lack seems to be nurses. There seems to be none except a few who have come out with special units and cannot leave them. In these Roumanian hospitals, practically any woman who wears a cap is allowed to do surgical dressings and operating-room work. All other work is considered uninteresting and is left to servants. One wishes that the nurses could be scattered about where the need is greatest.
>
> The Roumanians seem to have a profound respect for our training and look upon us as a new sort of doctor.

The intense cold from which Roumania had suffered had been replaced by equally intense heat. Miss Jordan's letter continued:

> At the present time, the heat is almost unbearable, 107 degrees in the shade yesterday afternoon at five o'clock. There has been an epidemic of dysentery and many people, enfeebled by disease and malnutrition, have died. Typhus has practically disappeared and the body-louse also, but the flies have taken their place and are an abomination.

Of the hospitals established in Roumania by foreign units, Miss Jordan wrote:

> We have been able to visit some prison camps, also a few well-equipped hospitals. One was managed by a French doctor who designed and arranged a splendid mechanotherapy room, also a home-made sterilizer made of cement and heated by wood, for quilts and mattresses. The British Red Cross has a very good hospital at Roman. Nearly all their furniture, beds, tables, chairs and sandals have been made by convalescent patients under the doctor's direction. At the present time his patients are building a sort of rough swimming tank. He was far-seeing enough to plant a garden in the spring and now their own table is well supplied with green vegetables, a rare luxury.

Of the military situation in August, 1917, Miss Jordan wrote:

> For the past week, we have been ready to leave on an hour's notice. The Russians are refusing to fight and are rapidly retreating from Bukovina, which endangers our line of communication to Kief and Petrograd. The rest of Roumania will then be captured, we fear. A train left yesterday with the English civilian colony and one is leaving to-morrow

> with the French. The legations and the Court expect to leave in three or four days. We have received the order to stay on for a few more days and will evacuate with the Army, by rail if possible.
>
> The authorities have begun to give us the food supplies for distribution to the population. The greater part of the civilians have decided to stay in the country, preferring to be prisoners rather than to live with the Russians. . . .

To such a situation, the American Red Cross sent its first Roumanian relief unit in September, 1917. The American Red Cross Commission for Roumania had been under process of organization in the United States since early that summer, under the leadership of Lieutenant Colonel Henry W. Anderson, of Richmond, Virginia. Dr. Francis Peabody, an expert on internal medicine, Bernard Flexner, a sociologist, Dr. Gideon Wells, a pathologist, Dr. Robert C. Bryan, an expert in surgery, Dr. Roger G. Perkins, a sanitarian and Arthur G. Glasgow, an engineer, were the principal new members of the commission. It was the intention of the War Council that these men should make a survey of Roumania and then return to the United States with a report on which to base future Red Cross relief work.

The medical and nursing unit was to remain in Roumania for emergency relief work. Dr. Kirkpatrick, who served with Dr. Ryan at Belgrade in 1915, was the director. Florence M. Patterson was chief nurse. Miss Patterson's name has already appeared in this history in connection with American Red Cross nursing service in Great Britain and France, but her Roumanian assignment marked the beginning of her subsequently long and valuable field service.

The nursing unit was composed of eleven nurses in addition to Miss Patterson and contained among its members many remarkable women whose names stand high upon Red Cross rolls—Rachel Torrance, Linda K. Meirs, Katherine Olmstead and Alma Foerster. Other nurses of the unit were Adelaide Rowland, Mary McIntire, Beatrice Gosling, Alice Gilbourne, Mary Brownell and Jennie Donald.

The Roumanian Commission mobilized in Chicago on July 28, 1917, and sailed from Vancouver five days later for Yokohama, Japan. From Japan the unit proceeded to Vladivostok, thence to Harbin and westward by special train over

the Trans-Siberian Railroad to Moscow and thence to Jassy. They arrived in the Roumanian capital on September 16, 1917, after a journey of fifty-two days.

Supplies were sent by the American Red Cross via the Pacific route and a second considerable consignment to Archangel, Russia, for shipment southward to Roumania.

After a month spent in surveying Moldavia, five of the commissioners returned to the United States and submitted detailed reports to the War Council of the economic and sanitary situation of Roumania. Colonel Anderson and the members of the commission who remained in Jassy immediately undertook emergency relief work. This fell into five general groups—hospital service, public health and sanitation, civilian relief, transport service, and miscellaneous relief. Carloads of food were brought down from Archangel, Petrograd and Moscow and were distributed to the Roumanian population. In Putna, Tekuchin and Bocan, 40,000 persons were fed daily by the American Red Cross, and a canteen was opened in Jassy where for two months meals were daily given to 2000 persons.[49]

The Commission for Roumania maintained a hospital at Roman and dispensary service at Roman and at Jassy. The hospital at Roman was the former British Red Cross Hospital described by Miss Jordan and was known as the Prince Mercea Hospital. Major Kirkpatrick, director of the medical unit, gave the following reasons why the commission took over this institution:

> Firstly, the hospital equipment that we expected from America by way of Archangel had failed to arrive and we were unable to equip a new hospital with the limited emergency supplies we had brought with us across Siberia.
>
> Secondly, the British Red Cross were giving up the Prince Mercea Hospital because of an overworked staff. This hospital was equipped sufficiently for good surgical service. . . .
>
> Thirdly, Roman was so located in relation to the armies that the hospital drew from a large section of the front, with a minimum of delay in transportation of the wounded.
>
> Fourthly, we could begin work at once.

In her final report to Miss Noyes, Miss Patterson wrote of their experiences:

[49] "The Work of the American Red Cross during the War: A Statement of Finances and Accomplishments," p. 80.

We took over the Prince Mercea Hospital on October 6, 1917, and until March 8, 1918, we were always sitting on the edge of a volcano which never erupted. We had to be ready to move within an hour provided the Huns came or if the Russians signed peace or (much more probable) if the Bolsheviki attacked us for food supplies. We had, as you know, no offensive after we arrived but when we took over the hospital from the British Red Cross, we "inherited" about 400 patients and from then until we left we had between 380 and 500 cases. Most of them were wounded who had been evacuated from hospitals nearer the front (an entirely imaginary term as far as the Eastern Front is concerned!). Also, we had civilians and even women and children when we had empty beds.

As we had inherited the hospital from the British, it was more or less well equipped and, indeed, we should have had a sorry time except for the unstinted way in which the British and Russian Red Cross helped us out all along. The equipment which was shipped from the American Red Cross reached Roman the latter part of November and even then was quite inadequate for any sort of a hospital.

The nurses lived in two small wards of the Roman Hospital. Miss Patterson wrote:

The nurses all considered their quarters quite comfortable, although they had nothing except their beds and one or two small tables and several chairs. The beds were boards with straw mattresses, but not at all bad.

Of course the food proposition was much the most difficult, for there was nothing to be purchased in Roumania. Fortunately the potatoes were splendid and we were able to get a good supply stored away for winter. We were able to get no meat after December 1 and had no canned meats, but in true Roumanian fashion, we had a small farm in our back yard, which we stocked in the fall with several pigs. Consequently, we went on mad debauches several times by having a pig killed, but we always ate it with the fear that we might need it worse later on. We had macaroni, rice and plenty of butter which came from the Russian Red Cross and coffee from the U. S. A. which seemed really to save our lives.

There was practically no milk in the country because there was no fodder for the cows and during the last few months we had about ten quarts daily for the entire hospital and some days none at all. We probably had an average of two dozen eggs for the entire hospital. The patients had meat

twice a week but in almost infinitesimal quantities and fearfully bad, simply starved animals. The other articles of food were beans, cabbage and potatoes. How those patients managed to recover on that diet is still a puzzle to us—for we had nothing else even for the desperately ill men. It is quite impossible to tell how absolutely destitute the country is, with neither food nor clothing.

For the peasants we have the utmost sympathy. They are splendid and are the one hope of Roumania, except Queen Marie, who is wonderful. She and Princess Marie had Thanksgiving dinner with us at the hospital . . . and when we left she asked us in tears to tell the women of America how she had tried and how she would continue to fight to the end: "We English never give up."

Early in January, 1918, the commission started an out-patient department at the Roman Hospital. Miss Patterson wrote:

Our most interesting work was the out-patient department for civilians. We did general relief work in connection with it and also some nursing in the homes, an unheard-of thing there. The starvation diet and complete absence of soap among the civilian population, together with the general prevalence of venereal diseases, soon made our clinics known as the S. S. S. (soap, sulphur and salvarsan).

I should say that every child and about 85 per cent of the patients had scabies. We distributed soap in small pieces, but of course the whole effort was futile under existing conditions. The peasants had practically nothing to eat except cornmeal, which constitutes a large part of their normal diet, so you can imagine the amount of resistance to disease they had. When a patient would seemingly be doing well, he would without any apparent reason run a fearful temperature and just *go all to pieces.* So we really never knew until they were evacuated whether they would go out of the front door or be carried out of the back!

Within three days at Christmas time, we had 180 hernia cases come in for operation (I never did make out whether or not it was an epidemic), but these were practically the only clean cases we saw while there and many of these weren't clean, because there wasn't enough vitality left in any of them.

Late in 1917 the commission developed plans for establishing an American Red Cross hospital in Jassy. Several nurses

of Miss Patterson's group were sent from Roman to organize it in a building loaned by the Government. Before it could be equipped, however, the Government decided to utilize it for military quarters. "That project was ended before it began, fortunately for us," wrote Miss Patterson, "for to be perfectly frank, there was no equipment in sight!"

The typhus epidemic in 1917 and 1918 was thought to be somewhat less violent than during the preceding years. Though the conditions favoring it—overcrowding, filth, lice, exposure, starvation and lowered vitality—persisted, the winter was less severe and this one factor saved many lives. The body louse continued to be a trying pest. "Bathing facilities in a Roumanian village," wrote Major Kirkpatrick, "are almost nonexistent. If you ask one of the peasants whether he has lice, he will probably look at you in surprise and say: 'Am I dead, that I should have no lice?'"

In October, 1917, the Russian Government under Kerensky was overthrown and the Bolsheviki came into power. The Russian Armies in Roumania collapsed and in December negotiations were opened between the Central Powers and the Russian authorities with a view toward a separate peace. Roumania was violently and persistently opposed to a separate peace but national annihilation faced her. An armistice to continue for sixty days and to be terminated by seventy-two hours' notice was signed on December 9. By March 1, 1918, the Russian Army had gone out of existence. With her own small forces Roumania could not hope to hold her extended battle-front. General Mackensen then delivered two ultimatums to Roumania: either to enter into a separate peace or to be overrun by the German Armies and completely destroyed as a state. On March 8, 1918, Roumania signed a preliminary treaty of the humiliating peace which was subsequently forced upon her.

One of the terms of this preliminary treaty was that all Allied relief missions should leave Roumania; they were to be given three days' time for departure. On March 9 the American Red Cross Commission started, in a train composed largely of second-class sleeping cars, on their long journey from Jassy to Murmansk. During the flight northward, which lasted four weeks, and the time—three weeks more—at Murmansk waiting for a ship to carry them to England, the excellent *morale* of the nurses never flagged. They did all the cooking, the cleaning

and washing and met the situation with equanimity. Miss Patterson wrote:

> Our experiences sound much worse than they really were, for we had the nicest people in our car, Colonel Anderson and Major Kirkpatrick and our nurses. . . . We have lived in a peace and harmony which makes any hardship tolerable and every one has seen something funny in it all. We have had a wonderful service and incidentally a splendid schooling in adapting ourselves to an entirely new system of valuation, a system which has taught us that one can be healthy, happy and more or less sane with very few of the commonly-accepted necessities of our normal American life. . . . It has been, however, most disheartening to sit by and watch the steady breakdown of the Eastern Front and at the same time to get very little authentic news of the Western Front and none from the United States.

The commission arrived safely in England in April, 1918, and the majority of the nursing members remained for duty there or were transferred to France. Miss Patterson wrote:

> We are all feeling quite like Rip Van Winkles, yet it *is* certainly nice to be back in civilization and above all else to find some of our Allies with the bit in their teeth. Many people here seem to feel that they are in rather desperate straits but to us the whole of England is a fairy-land and the English seem to realize it and are making little complaint. Their spirit is splendid and gives one an entirely new backbone after living with Orientals for so long.

Mary McIntire, another nurse of this unit, wrote Miss Noyes:

> I cannot realize I am back where we have plenty of food, English literature and "green grass growing all around." It was wonderful to see our boys reviewed in London, to watch the convoy of twenty-three American ships on the high seas, to see the French dirigibles hovering over us. Never have I loved the Union Jack so much as when we saw those destroyers speeding out to us in the North Sea.
>
> This is a terrible time to live and the whole world seems just one great heartache, yet it is a wonderful time When we landed in England, we were struck by the silent and earnest efficiency of every man and woman. Russia and Roumania were so completely disorganized. . . .

Syria, the key to the East and the Turkish province in which Palestine was situated, occupied in 1914 the long strip of comparatively habitable land lying between the Mediterranean Sea and the Arabian Desert. On the south it touched Egypt, on the north and on the east the Turkish provinces of Aleppo and Mesopotamia. For almost seven centuries Syria had been ruled by Turkish masters though they had always remained hated strangers to the polyglot Syrian population.

Syria in 1914 was peopled largely by Arabs, Armenians, Maronites, Druses, Turks and Jews. The Arabs numbered some three million souls and occupied the whole of the country except for a few mountainous districts. By religion, the Arabs were followers of Islam and had absorbed into their faith numerous mongrel tribes. The mountainous regions of Syria, especially Lebanon, were held by some three hundred and fifty thousand Maronites. They were Christians and as Christians reconciled with Rome, had for some centuries been under the protectorate of France; they had thus absorbed much of the French culture. Parts of the Lebanon and Damascus regions were occupied by the Druses, a fierce and predatory Moslem sect numbering perhaps two hundred thousand. The Jews were to be found in Palestine.

Syria was comparatively a poor country, the soil outworn, the hills deforested, the rainfall meager, the heat intense. She was poor in minerals and water power and the native industries of textile-making had been practically swallowed up by the importation of cheap European-made products which had also destroyed the foreign market for the Syrian textiles.

North of Syria lay Kurdistan, inhabited by wild and lawless semi-named tribes, Mohammedans by religion and shepherds and robbers by trade. North of Kurdistan were the lofty mountain ranges and plateaus, rich in undeveloped mineral products, and the fertile hill slopes and valleys of Armenia.

Armenia Proper, as this mountainous plateau was called, was bounded on the north by the Black Sea and Transcaucasia, on the east by Persia, on the south by Mesopotamia and Persia and on the west by Asia Minor. The Armenians were in prehistoric ages a short, dark, non-Aryan race. In modern times this strain still formed the basic peasant type, though Aryan conquerors had long since impressed their language on the country and their blood upon the upper classes. The true Armenians were mostly peasants and artisans, possessed of in-

telligence, adaptability, marked commercial aptitude and a strong instinct for maintaining their racial integrity. In 1914 the Armenians living in the Caucasian regions numbered about one million two hundred thousand, those living in Persia about fifty thousand and those living in Asia Minor under Turkish rule about one million.

The Armenians had suffered from massacres by the fanatical Turks since 1896. In 1914 the Turkish Government adopted a policy of wholesale massacre and deportation of these people to the coast cities of Syria. In addition, thousands fled to these cities—Aleppo, Beirut, Acre, Jaffa, Jerusalem and Port Said. Syria, a poor land, could not support them and they died in great numbers from exposure, disease and starvation. At the same time the native population suffered to an almost similar degree.

Turkey declared war on Russia on October 30, 1914, and on England on November 5. Turkey occupied a position of strategic importance in that as long as the Central Powers, of which she was one, controlled the Dardanelles, the Allies would be unable to get supplies to Russia from the south. Military activities in the southeastern theater fell into five principal campaigns—the Turkish offensive in the Caucasus, the Gallipoli Campaign by British and French forces, the Turkish attack on the Suez Canal, the British advance on Mesopotamia, and the collapse of Turkey. Early in 1917 the British began a campaign from Egypt northeastward through Syria. On December 10, 1917, General Sir Edmund Allenby, in command of British, Indian and "Anzac" troops, entered Jerusalem.

In 1915 Dr. Edwin St. John Ward, formerly of the Medical Department of the Syrian Protestant College at Beirut, was asked by the Turkish Government to make a survey of the Jerusalem District and the barren regions to the south as far as Beersheba. He and his party found the country practically destitute of professional medical and nursing service. The importation of foreign products had practically ceased and the resources of the country were insufficient to support the tremendously inflated population. Slow starvation faced both the native and refugee population, especially in Palestine.

On October 1, 1915, relief work in Asia Minor was initiated by a strong American committee called the American Committee for Armenian and Syrian Relief. This committee appealed

to the American Red Cross during the early summer of 1917 for financial aid and the minutes of a meeting of the War Council, July 23, 1917, record the following action:

> The chairman stated that in a letter dated July 18, 1917 (D. R. P. 56), Mr. R. S. Lovett, chairman of the Committee on Coöperation, had presented an application from the American Committee for Armenian and Syrian Relief, dated July 5, 1917 (D. R. P. 59), asking that the Red Cross War Council appropriate to that committee for its relief work in Western Asia, the sum of $300,000 per month for the remaining six months of the calendar year.
>
> He further stated that the American Committee for Armenian and Syrian Relief had during the period, October 1, 1915, to April 1, 1917, raised $3,400,000 to carry on its work and that as its administration expenses were met privately, the committee was unable to devote to distinctly relief work one hundred cents on every dollar received for the purpose; that at a conference held last February attended by Ambassador Morgenthau and the foremost authorities on Western Asia, figures were presented showing that there were no less than 2,144,000 persons in Western Asia whose death could be prevented only by direct and continued help and that on a minimum allowance of ten cents per day for food, $6,000,000 per month would be required to support these people until they could be restored to their homes on a self-supporting basis.
>
> He further stated that Ambassador Elkus had reported that the Red Cross was not allowed by the Turkish Government to carry on relief work itself within the Turkish Empire and that the American Committee for Armenian and Syrian Relief was the only organization outside of the Red Crescent (controlled by the Turkish Government) in a position to administer relief to the starving Armenians and Syrians and certain portions of the Greek population in the Turkish Empire; that Ambassador Elkus had ascertained from the State Department that there was apparently no danger of interference by the Turkish Government for the present at least, with the work of the American Committee for Armenian and Syrian Relief, and that in order to safeguard its interests the former assistant treasurer and three members of its Constantinople Commission had been made attachés of the Swedish Legation now representing American interests in Turkey.
>
> He further stated that the chairman of the Committee on Coöperation explained that the discrepancy between the amount required, namely, $6,000,000 per month, and the

> amount asked for of $300,000 per month was due to the fact that many of the needy people could not be reached and the realization that demands would be made upon the American Red Cross for so many other worthy objects. The chairman of the Committee on Coöperation further recommended that the grant of $300,000 per month to be made from month to month at the pleasure of the War Council instead of for the remaining five months in the calendar year as requested in the application, as there was a possibility of the Committee's work being interrupted. . . .

At this meeting the War Council voted that the sum of $300,000 should be appropriated for the month of July, 1917, for use by the American Committee for Armenian and Syrian Relief. Similar appropriations were made each month for the remainder of the year 1917.

During the period from July, 1917, to February 28, 1919, the American Red Cross contributed to the American Committee for Armenian and Syrian Relief $4,500,000 in money and $1,444,032.54 in supplies.[59]

The taking of Jerusalem by the British in December, 1917, opened Palestine to the Allies and removed in the portions of Syria then under British military control the restrictions which the Turkish Government had placed upon independent American Red Cross activities.

In a letter addressed to the War Council on January 23, 1918, the American Committee for Armenian and Syrian Relief stated that "a considerable sum of money had recently been contributed to the above committee from Sunday schools for use in Palestine and that in view of the advantages that would accrue from having the work behind the British Lines conducted in coöperation with or under the name of the American Red Cross, an early conference with that society was requested to consider some plan whereby the best results could be secured in relief work in Palestine and other countries." At a meeting of the War Council held on January 29, this letter was discussed and plans were approved for sending an American Red Cross commission and medical units to Palestine under the leadership of Dr. St. John Ward, then serving as a member of the American Red Cross Commission for France at Paris headquarters. The Commission for Palestine, with

[59] "The Work of the American Red Cross during the War: A Statement of Finances and Accomplishments," p. 87.

Dr. Ward as deputy commissioner, was appointed by the War Council at a meeting held March 7, 1918. On April 17, 1918, Dr. John H. Finley was appointed commissioner for Palestine.

The personnel of the commission numbered fifty-four people; ten of these were American Red Cross nurses, six were surgeons, three were sanitary engineers and the rest were social service workers, teachers and assistants of various types. "Twenty-three members had been either missionaries, teachers or persons with some previous experience in the near East," stated the Annual Report, 1918, of the Palestine Commission, "and sixteen had been stationed in Syria, Palestine or Egypt."

The nursing staff was selected by the Nursing Service at National Headquarters. Edith Madeira was chief nurse. Miss Madeira was a graduate of the Hopkins School and a woman of wide travel and broad interests. She had gained administrative experience in her profession as superintendent of nurses of the Howard Hospital in Philadelphia and at the Mountainside Hospital, Montclair, New Jersey. Moreover, she was a public health nurse and had served as Superintendent of the Visiting Nurse Associations at Harrisburg, Pennsylvania, and at Waterbury, Connecticut.

The nurses of the Palestine Commission were Ellen M. Hamilton, Edith M. Haslam, Katherine Macklin, Frances McQuaide, Anne L. O'Malley, Jessie G. Paterson, Olive Ranger, Lillian M. Spelman and Emma M. Wood. In September, 1918, five additional nurses who had all had service in the Near East and spoke Arabic, joined Miss Madeira's staff. They were (Mrs.) Lillian Cole Sewny, Beatrice Archer, a graduate nurse whom the British Red Cross loaned to the commission; Ruth Eddy, Sara Kaisermann, a graduate of the College Hospital, Beirut, and a Mrs. Abramson, another British nurse.

Relief work in a country as primitive and destitute as Syria in 1917 offered difficulties not to be encountered in countries where Occidental methods of travel and standards of living prevailed. In addition to the regulation equipment for medical and nursing service and general relief, the supplies of the Palestine Commission included twenty motor transport vehicles, complete machinery for road-making, tractors, steam pumps, refrigerating and hoisting machines, plumbing, air-compressing and electrical materials, machines for purifying water and thousands of feet of galvanized and steel piping,

sewing machines, plows, hand-cultivators, hoes, rakes and shovels.

The Commission for Palestine sailed from New York City on March 13, 1918, on their long journey around the Cape of Good Hope to Ceylon, then across the Arabian Sea and north through the Red Sea and the Suez Canal. They arrived at Port Said on June 11 and entrained for Jerusalem.

General Allenby made his headquarters in June, 1918, at Ramleh, thirty miles west of Jerusalem. General Sir Arthur Money, formerly chief of staff under General Maude at Bagdad, was chief of the Occupied Enemy Territory Administration and Colonel Ronald Storrs was military governor of Jerusalem. Colonel Storrs turned over to the commission the old Russian Hospital with its annex and half the large Men's Hospice within the Russian Compound and also a large residence, the "Lord Bute House," which was located just outside the south gate of the Compound. These buildings had been used by the Turks as military hospitals but had been unoccupied since the British captured the Holy City.

The members of the commission arrived in Jerusalem on June 18 and literally "dug into" the accumulated filth of their new quarters. The "Lord Bute House" was used for administrative headquarters and the former Men's Hospice for the living quarters of the personnel of the commission. "This is a picturesque old building," wrote Miss Madeira to Miss Noyes, "and has gardens and lovely corridors."

The Russian Hospital was opened on August 22 after heroic labor. The engineers of the commission had been forced to go down into the sewer drains themselves to show the amateur plumbers how to work; the skilled mechanics in Jerusalem were then serving with the Turkish Army. Workrooms were established in the gardens and native women were set to work pulling out the stuffing of the mattresses for disinfection, then restuffing and resewing them. The nurses directed the work of scrubbing and whitewashing the wards of the hospital. In a report sent to Miss Noyes on September 20, Miss Madeira wrote:

> The hospital building is two stories high and has huge halls running the full length of the building with high, vaulted ceilings. The pharmacy, dispensary, doctor's office and a library are on the first floor, also two private rooms with

bath and a large bathroom where all patients receive their initial scrubbing on admission to the hospital On the first floor are also the operating, sterilizing and dressing rooms. Wards accommodating fifty patients occupy the second floor. Altogether it is an up-to-date hospital and is being run as such.

Miss McQuaide is in charge of it. Miss Eddy, Miss Kaisermann and Mrs. Sewny are head nurses. Miss Wood has the operating-room and Miss Archer is night supervisor. There are eight native nurses and three orderlies.

The work of the Russian Hospital was almost entirely surgical. Many of the native farmers and the refugees engaged in agricultural work in the Jerusalem District were injured through the accidental explosion of shells lost or left by the armies in the open warfare which was carried on in Palestine. This method of warfare as opposed to trench tactics, prevented close salvaging of the battlefields. During the seven months of its existence, the American Red Cross Surgical Hospital in Jerusalem treated a total of 668 patients, of whom 402 were surgical and 266 medical cases. The death rate was 3.7 per cent. One of the most complete and valuable phases of this hospital service was the bacteriological department, of which Nancy Hamilton was in charge.

The British Forces had laid out extensive plans for the American Red Cross commission, even before Dr. Finley and his staff arrived. The work dealt entirely with the civilian population. One of the first projects undertaken by the commission was the assignment of an American Red Cross nurse to the Turkish Municipal Hospital, of 65 bed capacity, at Jerusalem. Miss Macklin was detailed to duty there on June 24 and she gradually brought order out of chaos. Miss Madeira wrote:

Miss Macklin found disorder and filth to be the principal difficulties. Every hall and corner was packed full of rubbish intermixed with a thin layer of useful things that had to be sorted out. The equipment was meager but has been supplemented slightly by requisitions and largely by the redemption of pitchers, basins, cups, plates and similar articles picked out of these rubbish heaps.

The laundry was reported to be a week behind with its work, but it took more than a month and three laundresses to overtake that "week." This laundry should be seen to be

appreciated. It is a room in the basement. There is a device for drawing water and a curious depression where water accumulates. The work is done by women sitting on the floor with huge, flat copper tubs, like round English bathtubs, in front of them. Here they dabble the clothes around in a little water and, from all appearances, have never been in the habit of rinsing them. Miss Macklin has greatly improved conditions here and the clothes are assuming a less dusky hue.

Cleanliness reigns in other departments, too, and the patients are naturally responding. There are eight native nurses, with no training to speak of and no ideas of responsibility. Miss Macklin has found them ambitious to learn and very teachable. A native doctor is in charge of the hospital.

Extensive dispensary and public health nursing service was maintained in Jerusalem and the outlying regions. Early in July, Red Cross physicians were assigned to visit the different deserted convents and other buildings where the refugees had taken shelter. Miss Ellen Hamilton, one of the nurses, was assigned to go with one of the doctors on his rounds, and together they established the beginnings of a traveling dispensary service. This service was given at the Carmelite Convent on the Mount of Olives; the Franciscan Monastery on the road to Bethany; the Bucharlea, which often had six hundred inmates at one time; the Greek Hospital and schools; the Convent of the Holy Cross; the Russian Convent; Bishop Gobat's school, and David's Tower.

Miss Madiera described the manner in which this service operated:

The Mukhatar, or head man of the place or of the particular group of refugees, gathers together all the sick at a time and place designated by the doctor. When he and Miss Hamilton arrive, he examines them and prescribes treatment. She treats the eyes, makes the dressings and assists him, so that the service is just like that given in a dispensary. Any persons who are too sick to come to the appointed place are visited by the doctor and nurse.

The Bucharlea, a large group of buildings in the Jewish Quarter, is one of the principal centers of this type. As it seemed in a worse condition than the others and was overcrowded, we undertook intensive work there. Two rooms were selected, a couple of chairs and tables were secured and a meager equipment placed there. The social service department has also begun work and has large plans.

> The medical and nursing service provides in addition to the dispensary service, a place where milk can be prepared and fed to babies, thus preventing the father from drinking it himself or selling it. Miss Haslam has been appointed to serve here on full time. She has a native helper who also interprets for her. She distributes quinine, treats eyes, prepares milk and sees that the babies consume it.

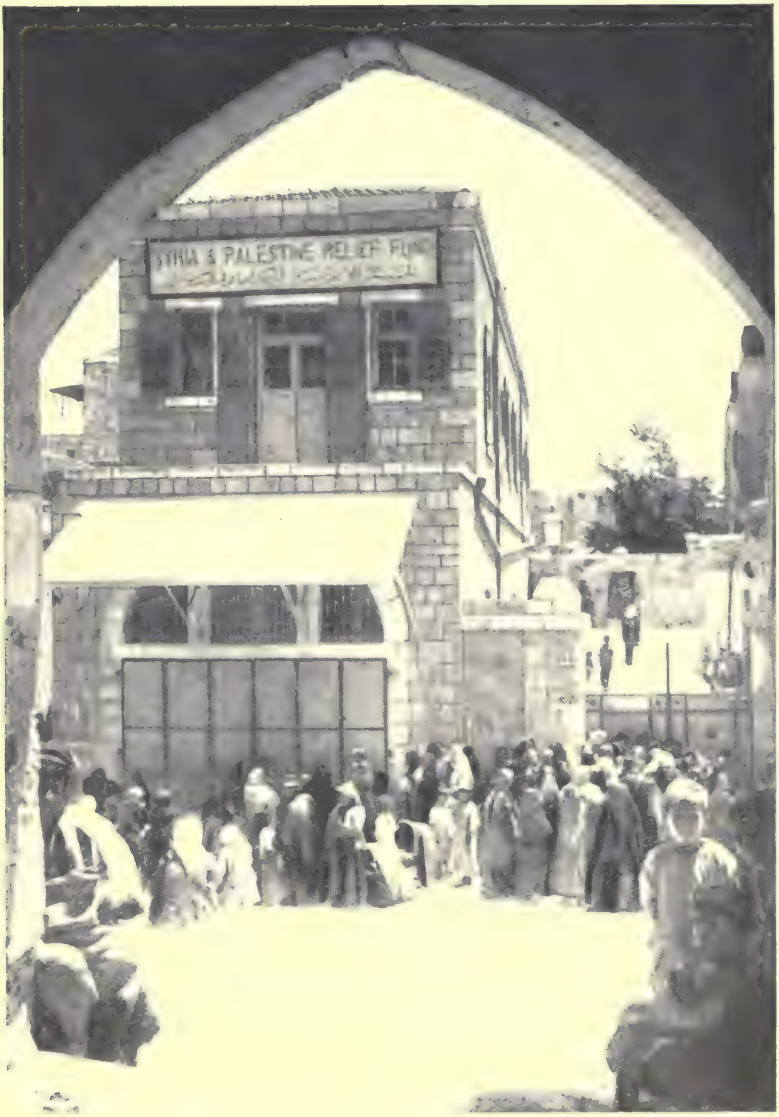
At the Franciscan Monastery the dispensary service was held outdoors. "There was no suitable place inside," wrote Miss Madiera. "In one room four goats and a donkey were found living contentedly with a large human family."

One of the most ambitious undertakings of the commission in Jerusalem was the establishment in a building formerly occupied by the Russian Consulate of a general dispensary, a children's hospital and a home for native nurses. The Children's Hospital was opened late in September and was of twenty five bed capacity. Miss Spelman was placed in charge of it. The daily attendance at the dispensary ranged from forty to one hundred patients, largely children suffering from malaria, measles and diseases due to malnutrition. Of the 2331 cases treated 1401 were Moslems, 618 were Greek Orthodox, 138 were Latin Catholics and the remaining 174 were divided almost equally between Armenians and Jews. Of the seventy-three patients who died, forty-three succumbed to malaria.

Dental clinics were maintained at the Children's Hospital and by January, 1919, twelve hundred cases, including every type of patient from British Army officers to the most emaciated Moslem child, were treated there. A diet kitchen was established and milk and food given to babies and undernourished children.

The final report of the Children's Hospital gave a vivid account of the types of patients treated:

> When the American Red Cross came to Palestine in the hot, dusty days of June, 1918, it was evident to the workers that a second slaughter of the innocents was going on in the land of the Infant Christ . . . so a small room was fitted out as a clinic for children of five years and under.
>
> The sun blazed down on the open court which the waiting patients shared with fifty women who were emptying and disinfecting a legacy of Turkish mattresses. Each long forenoon a crowd of war-worn mothers came to us. There were



Refugees waiting at the doors of a relief station in Jerusalem.

> wives of Turkish soldiers who had vanished in the retreat; there were wives of once thrifty artisans and tradesmen now penniless in their vain effort to ward off the draft; there were beggared refugees from "beyond Jordan" and "up Nabulous way" and there were peasant women in ragged, quaintly-embroidered costumes, women hunger spent and exhausted from a three-mile walk along stony, dust-choked roads, their foreheads chafed raw with the rope of the saddle-bag in which were carried their sick children.
>
> These mothers, gaunt from starvation and malarial poisoning, would lie at length on the paving, taking what comfort they could from the hot stones when the ague-fit shook them. The children and babies also shivered and burned, strangled in paroxysms of whooping-cough, squirmed under the teasings of skin diseases or burrowed their tiny skull-like faces against the mother's empty wrinkled breasts in fruitless search for food.
>
> In all Jerusalem, the color of war prevails—on the dust-peppered olive trees of the gray and dusty city, in the haze which envelops the lorries, the cavalry, the infantry always on the move northwards, on the thousands of camouflaged tents and the uniforms of the Tommies and over the bare parched hills and sterile valleys.

All of Palestine, the land across which the chariots of Alexander's warriors had swept, and which in turn had been the province of Rome, the Holy ground on which the Crusaders had pitched their gray-hued silken tents, the stronghold of the Turk, was again in 1917 the battle-ground of the East and the West. Miss Madiera wrote:

> The whole country is a camp and war the main business, yet in spite of the fact that we constantly hear the guns and that airplanes fly overhead, we seem to have lost all sense of the reality of war. The paraphernalia of war seems just a part of the day's work in this barren land of stones and dust and we no longer think of it. Of course, we do not see any of the wounded—only the civil population, but in traveling about from one station to another outside of Jerusalem, one is again and again impressed, almost overwhelmed, with the fact that the business end of modern warfare is tremendous.

In addition to the relief work in the Holy City, the British Forces had included in their plans an extension of American Red Cross work southward as far as Port Said and later northward as far as the advancing front permitted.

The Refugee Camp at Wadi Surar was one of the first places outside of Jerusalem to which American Red Cross nurses were assigned. Miss Madiera wrote:

> Our next venture was to take over the Tent Hospital at Wadi Surar, where the refugees, driven from their homes near the firing-line, and the Armenians were concentrated. When we first saw the camp, about 3500 people were there, half of them Armenians. Wadi Surar acted only as a detention camp for Armenians; here they were placed under observation and if found free from infectious diseases, were sent on to the Armenian Refugee Camp at Port Said.
>
> All the refugees at Wadi Surar were living in bell tents and sleeping on the ground, as is their custom, even with the sick. The first impression of Wadi Surar was of sand and tents; tents and sand, with a wonderful view of the hills beyond. This view and a fine breeze redeems the situation, for it is hot and cheerless otherwise. Among the tents are shelters where the refugees in their picturesque rags assemble to cook and eat. Everything is very primitive.

Lillian Spelman and Olive Ranger, both of them nurses, were sent to Wadi Surar on July 9 and found that the camp was being run by a young English doctor, "in appearance not more than seventeen years," wrote Miss Madiera, "but naturally he is much older and is doing splendid work." There were three other officers and the American nurses took with them three capable native women and two orderlies, also tents and full camp equipment.

The Camp Hospital was composed of bell tents set up a little distance from the camp proper. Miss Madiera wrote:

> Here patients left at will, babies arrived without medical assistance which did not even seem to be expected; people died without the doctor being sent for. The hospital equipment was poor; there were no clean clothes or linen and very few utensils. Egyptian tomargies had previously done whatever nursing had existed but they were discharged before our nurses arrived.
>
> The work was divided. Miss Spelman concentrated on the so-called Hospital and Miss Ranger took care of the patients with minor ailments who did not need hospital care. In the Hospital, native nurses were instructed in proper bathing and the care of the patients, with special emphasis upon gentleness. Soon the kinder care made the hospital much more

popular. With the advent of the social service workers and their supplies, the refugee women were given sewing to do and more adequate linen and garments for the hospital were supplied. Then came the larger tents and the whole hospital was moved to a better site and was enclosed by a barbed-wire fence with one opening at which a guard was placed. He prevented the continuous visiting and mingling of sick and well.

The prevalent diseases throughout the Palestine area were malaria, dysentery, ophthalmia, trachoma and skin diseases due to the starvation diet.

In September, 1918, the Armenians at Wadi Surar were sent en masse to Port Said. Military activities in the north were resumed and as the British Forces pressed on some refugees returned to the recaptured territory. Others sent to harvest the figs and grapes which were ripening in the groves near Jerusalem. Thus the population of the Camp on the sands diminished to eight hundred souls. However, the Hospital continued to draw its average of one hundred patients, "due largely to the kind care they receive," wrote Miss Madiera.

Northwest of Jerusalem on the Mediterranean shore was situated the sea-town of Jaffa. During the first years of the war the population of the city was about 76,000. In March, 1917, the Turks had ordered the entire civilian population to evacuate Jaffa, on the grounds that it might suffer from British bombardment. The Turkish and Teutonic military authorities loaded the poorer people into railroad trucks and started them south toward Homs, Ramleh and Ludd. Most of the refugees remained in these neighboring towns but some of them fled as far east as Jerusalem, Damascus and the small Palestine villages. Of the entire civilian population of Jaffa, the Turks allowed some seven shopowners to remain to run their stores and the owner of an orange grove to stay on his property. This orange grove served as a place of refuge for two hundred others. With the city empty, the enemy stripped the houses and stores of timber and iron for defensive works further south. Looting was rife.

On November 16, 1917, the British took Jaffa and in a week the refugees came streaming back. But the economic and sanitary recovery of the city was slow. The British authorities gave employment to able-bodied men and boys in

road-making and set some of the women to work at laundering and mending and at making mattresses. The British also supplied food to the destitute until they discovered that at least 14 per cent of the recipients were professional beggars. Then they ceased and turned the situation over to the American Relief organizations.

The Commission for Palestine undertook extensive social service work and medical relief in Jaffa. On July 2 Miss Paterson was sent from Jerusalem to Jaffa to take over the Infectious Disease Hospital. The building had been used by the Turks as a quarantine station and was located on the beach. Motors could not get to it on account of the deep sand. Miss Paterson waded through the sand to the hospital and found there the usual dirty buildings and tents. Miss Madiera wrote:

> The institution was absolutely without system. Meals were never prepared at a regular time and the dirty dishes lay around from one meal to the next. The washing was done at the pleasure of the laundresses. When patients were discharged, the bed linen was not changed unless it was unspeakably dirty and the blankets were never sterilized or aired. And this an infectious hospital!
>
> There was not a single clock in the whole place and no one had a watch that kept time. Patients were admitted in a very crude way by the ward maid or male servant. Two young and untidy Jewish girls acted as nurses. The employees slept in any vacant bed in the wards and ate their meals in any part of the hospital.
>
> Miss Paterson moved into the hospital as soon as a room could be furnished for her, purchased a clock and started in. The laundresses were prevailed upon to wash five days and mend one. The hospital was cleaned and the kitchen reorganized. Patients were admitted by the nurse, and kept in tents until definite diagnosis had been made. A time schedule was arranged so that all employees were getting one-half day off duty a week and two hours daily. Comfortable sleeping quarters were provided for them and a dining room for the nurses, who were taught simple nursing care. Every one was given definite work and was held responsible for that work and that alone.

On September 13, when Miss Paterson was recalled to other work, she turned over a well-organized establishment to her successor. The question as to how long it would remain so was

one of the genuinely discouraging questions which all Occidental workers experienced in the Near East. Nurses' letters record that the efficiency of the professionally-trained American nurses throughout Palestine was a source of amazement and incomprehension to the Oriental mind.

East of Jaffa lay Ramleh, the first stopping-place of the refugees. The Commission for Palestine sent a medical unit to Ramleh on July 15, 1918. They pitched their tents in a dust-gray olive grove behind the Crusader's Tower and went to work among the refugee and native population of Ludd and Ramleh.

Emma Wood was the nurse of the unit and she took over the direction of a small hospital of twelve beds at Ramleh and a dispensary at Ludd, both of which had been started by the Medical Department of the British Occupied Enemy Territory Administration. Miss Madiera wrote:

> The hospital deserves description. It is a roof, with a number of rooms around the outer edge, which are used for patients, nurses, operating-room, kitchen, laundry and storerooms.
>
> The dispensaries are most interesting places. A room which was needed for one of them had been the lodging-place of an untidy but very contented donkey. At first the dispensaries were hard to manage because the crowds, eager for care, were disorderly, but eventually system was established and they now draw patients from Ramleh, Ludd and many surrounding villages. The natives lay their sick at the doors. One man dying of tuberculosis was found lying across the threshold in extreme exhaustion; he had walked four miles to get there, as he had heard there was a great healer there. It was too late; he died that night.

North of Jaffa was the seaport of Haifa, where on October 14 the American Red Cross opened a hospital for civilians. The building was the former German Hospital which had been used, previous to its occupation by the American Red Cross staff, by the French. Miss Paterson and Miss Ranger were in charge of the nursing activities and the general reëquipment of the hospital. Of the type of cases treated at Haifa, Henry S. Huntington, a Red Cross worker assigned there, wrote:

> The head doctor picked up the lamp after supper to give me a look around. We came into the women's ward. Two women were sitting up in bed, one of them an affectionate-

faced, hunch-backed Jewess suffering from tuberculosis and Bright's disease, the other a bomb case. In another bed was a woman and her ten-year-old son; they had walked to Haifa from Beirut, one hundred miles away, and arrived here filthy and covered with scabs and sores. The mother's diet had to be limited and she cuffed her boy one day because he refused to give his food to her. We have to keep them in one bed—no room for a children's ward.

In the men's ward, we found men suffering with "amœbic dysentery," the doctor called it, cases of influenza and pneumonia, wounded with their arms shattered by hand grenades.

An out-patient clinic was maintained at Haija where an average of one hundred and fifty cases a day were treated. Mr. Huntington wrote:

Before the door was opened, the patients had gathered there, mothers with gaunt, paper-gray babies; children with red-rimmed eyes sore with the world-wide diseases of bad parentage; Armenian refugees; malaria patients by the dozens; people with bandaged hands or feet. The costumes were mostly half European, but of course, it all takes one back nearly nineteen hundred years to other clinics held in Galilee. Jew and Gentile and Samaritan were still here in effect.

In the busy room where the Greek doctor, himself a nominal prisoner of war, prescribes for the patients and our Red Cross nurse attends to the dressings while the young Armenian clerk enters the cases on his cards, we picked out a man or woman to talk with. One family were Maronites from a Lebanon village formerly of one thousand people. Half of them are now dead of starvation. "Do you want to go back to your home country?" we asked. "There is nothing there," the man answered. "We had a hotel. One regiment came and took a little, another regiment came and took a little; so it went. It is beautiful here compared to what it was there."

Another man to whom we talked was Balthasar Artin of Marash. He awaited his fate with calmness. "If you kill us," he said, "you kill us. If you save us alive, we live. We are your property." Near him was a child who sat down on the floor and cried, for the pain in his foot. As his mother talked, the flies gathered on the dressings of the child's sore. The mother, too, had a finger to be treated. Her husband died in the army. The husbands of a quarter of Haija wives are dead or missing.

There also were black-veiled Moslem women who nursed their babies as they waited, women wearing gold bracelets

and variegated necklaces made in Beirut out of gold coin. They pay their fee of five piasters (twenty-five cents) and nurse their babies as they sit waiting. . . .

In one corner were a Mohammedan husband and wife. His name was Victory-of-God Brass, as translated. She was an orphan. He had married her at the beginning of the war, dowerless though she was, in order to avoid military service; here was the Turkish law for the protection of women. However, the Turks took him as a soldier just the same and he came back from Damascus with dysentery and hid about here to avoid going back to the army. . . .

"Why do you think we come here?" we asked a Mohammedan woman carrying a baby whose head was covered with sores and from whose small ears heavy gold rings hung. "Because we needed a good doctor here and God willed it," she answered.

Across the bay from Haija was Acre. There the American Red Cross established a hospital and clinical service in the former Bab's house which overlooked the old moat built by the Crusaders. The staff at Haija did the work at Acre until additional doctors and nurses arrived in 1919.

On September 23, 1918, General Allenby's forces took Tiberias. Several days later cholera broke out in the city and the Occupied Enemy Territory Administration called upon the American Red Cross commission to assist in fighting it. Miss Madiera wrote:

On October 4, Colonel Ward, Miss Ellen Hamilton and I went up to Tiberias. We were only a few days behind the advancing troops; the dead lay unburied; the shattered lorries were standing just where they had been bombed; papers and débris were everywhere.

We went first to Nablus and then on to J———, where we stopped in an empty house in which one of our doctors had been working. We unpacked our cots and made them up, mosquito netting and all, and in the morning rolled up our beds again and were off. The Turkish and German prisoners were pouring in and while our things were being loaded on our truck we watched them receiving their rations. Then on we went to Nazareth, where we stopped at the Church of the Annunciation; it was Sunday and we were present at the first service since the occupation. Then on to Tiberias.

Such scenery you do not often see. The color was magnificent and the blue sea of Tiberias truly beautiful. The

> heat was intense; Tiberias is 680 feet below sea-level and a sirocco was blowing.
>
> We went at once to the Governor's and he asked us to luncheon. He had been there three days and his table equipment and furniture were distinctly sketchy. The [British] doctor had been there two days and had had a [British] nurse one day.
>
> In the afternoon we went to see the hospital. Such a state of affairs! Men, women and children lay on the beds or mattresses or on the tile floors, all mixed up and all half-naked. The filth was indescribable and there was no linen, no plumbing, no water supply.
>
> The next morning we took charge, sent for nurses and supplies, had water carried in, locked up the brandy which the attendants had been consuming and worked like dogs. . . .

Miss Madiera took over the reorganization of the hospital and Miss Hamilton assisted Captain Clark, the British military surgeon who was then spending all his time giving saline injections which is the first treatment for cholera.

Modern sanitary provisions at Tiberias were critically inadequate. "The king of the fleas and all his court," an Arabian proverb ran, "live in Tiberias." Supplies of all kinds were meager. The British governor commandeered dishes and other essentials for the patients and told the Red Cross workers to "go down to the German dump and help yourselves." Out of these stores came tables, cupboards, more dishes and basins. A lorry was sent to Jerusalem for Red Cross linen, but when this linen had been put to use in Tiberias, it began to disappear; finally a valuable ring was found missing. So a search was made of the patients and under the loose Oriental clothes the missing sheets, pillow cases and towels were found wound about the patients' waists.

The British themselves took active steps to break the epidemic. One of the first measures was to forbid the use of the lake water and a Tommie was stationed to guard each of the streets that led down to the sea. "Part of the people approved," wrote Mr. Huntington, "part of them sighed and by night went down and stole the water, but most of them walked up to the new taps or to the places where safe well-water was pumped up to the roadside and awaited their turn for the chlorine water. Whenever the municipal doctor on his daily rounds discovered a case, the stretcher-bearers brought the patient to the Red

Cross Hospital and the inspector's gang disinfected the house, burned up wooden dishes and replaced them with iron, destroyed old clothing unfit for further wear and disinfected the rest." City-wide vaccination was also carried on.

Within five days after the arrival of Colonel Ward's first unit, the cholera was almost in hand and when a week later the hospital was turned over permanently to the Zionists, not a single case existed.

On her way back from Tiberias to Jerusalem, Miss Madiera visited the two American Red Cross nurses who were then working in Es Salt, an isolated hill-town east of the Jordan River. Es Salt was greatly overcrowded with refugees and its population was seventeen thousand people. Health conditions existed there similar to those at Acre, Haija and Jaffa, so the Commission for Palestine had sent two American Red Cross nurses and a doctor on October 17 to establish a small hospital and dispensary. Mrs. Sewny was the nurse in charge. Miss Madiera wrote:

> The trip to Es Salt was a very beautiful one—down by Jericho and across the Jordan and up the mountains for a six hours' climb. Although Es Salt was conquered by the British with the help of the Hejez troops, it lies outside of the Occupied Enemy Territory Zone and is in the possession of the Arabs. It is situated on the steep sides of two high hills. Up to the very top the paths run and down to the valley below, through which a stream flows briskly along.
>
> Many of the refugees we have had all summer in Jerusalem came from Es Salt and I saw numerous old friends there. Many of the houses have no roofs, windows or any woodwork. [The timber has been carried away by the enemy and used for defensive works.] The hospital is high upon the hillside and is reached by walking over the roof of the church. Doors and windows are being made for it and it is the craziest-looking place imaginable. Lumber is so scarce that the prices are prohibitive, so doors, windows, shelves, tables and other pieces of furniture are being made from scraps. The bedside tables are old German music stands with pieces of wood for the top. I painted the tops of such tables and shelves for the operating-room.

Many of the women who came to the clinics at Es Salt were of the spirited Arabian type. Dr. Laurence, one of the Red Cross physicians, wrote of them:

> The Salt women are tall and upstanding, with a lithe swing and well-cut features outlined by close Madonna-like head draperies. They are ornately tatooed in indigo, a heavy trellis on the chin and neck, a cross between the eyes and beauty spots scattered over the cheeks. Their beyond-Jordan Arabic is quaint: "Our bread is bitter;" "the Turks have toasted us like meat on a spit;" "the age of this child is the count of my fingers" (five years); "he was born in the year of the visitation of the locusts;" "I live near the gate of the Pillar (Damascus) under a fig tree." Indeed, the writing of addresses never becomes monotonous, as they are apt to be the Mount of Olives, the Prison of the Christ, the Via Dolorosa.

The British advance had opened up the way for American Red Cross general relief—and medical service, where urgently needed—in the villages north of Jerusalem, villages occupying historic and often Holy ground. Red Cross work was undertaken in twenty-two such towns: in Beit-In which was ancient Bethal; in Beit-ur-el-Foka which was the upper Beth Heron; in Yalo which was, wrote Lieutenant G. C. Hunter, a Red Cross worker, the Ajalon "of the valley down which Joshua hid his men, where Gallus in 66 A. D. met defeat, where Richard the Lion-Hearted gained the heights and where the last great crusader of Richard's race drove back the Turks and won Jerusalem." Of the refugees from the north, who in the winter of 1918 crowded these villages, Lieutenant Hunter wrote:

> They are the most homesick lot imaginable. The authorities provided a splendid camp for them with abundant food and water and they stuck it out there until the time of the big harvest. Then they dribbled away, a hundred in a night, some on donkeys but most of them on foot, and came as far north as the white stones which mark the line over which they may not cross. In the little stone towers of the grape and fig orchards on the mountain sides, they sit and look off toward their homes in the north where the shells break and all the British tents are camouflaged.

During October, 1918, General Allenby was pushing northward through Syria and at the same time the British Forces under General Marshall were advancing northwest along the Tigris River from Bagdad. With the capture of Kaleh Sherghat, which cut the Turkish-Teutonic line of communications

with Mosul, and the fall of Aleppo, the chief base of supplies of the Turkish-German Armies in Asia Minor, supreme disaster faced the Ottoman Empire. On October 30, Turkish representatives accepted the British terms of peace, which were practically of unconditional surrender. Thus ended the brilliant Syrian and Mesopotamian Campaign and the seven-century old mastery of the Turk in the Holy Land.

Following the British victories in Asia Minor, Turkey in Asia and Caucasian Russia, where thousands of destitute men, women and children were existing as best they could, were opened to Allied relief organizations. The problem was too large for the American Red Cross alone, and, moreover, the American Committee for Armenian and Syrian Relief had been longer in the field and had no other responsibilities such as those confronting the American Red Cross. Extensive plans for relief in the Near East were undertaken early in 1919 by the American Committee for Armenian and Syrian Relief. One of the first steps was to bring about its incorporation by Act of Congress when it became known as the American Committee for Relief in the Near East. It ultimately absorbed in 1919 and 1920 the activities of the American Relief Administration and the American Red Cross and to quote from its Annual Report for 1921, was "the only American relief agency operating extensively in Constantinople and the adjoining territory in European Turkey, Thrace, Anatolia, Armenia, Cilicia, Kurdestan, Syria, Palestine, Mesopotamia, Persia and Trans-Caucasia (Russia) including Russian Armenia."

This committee called upon the American Red Cross Nursing Service to supply nurses to work under its own auspices in the Near East. A unit of fifty-four nurses was supplied with Anna E. Rothrock as chief nurse, and sailed on February 16, 1919, for Asia Minor. Eight others, among them Emma Wood of the original Red Cross Commission for Palestine, sailed on February 29, 1920, and four more on March 16, while small units of from two to four nurses also accepted this service throughout 1919 and 1920.

Stimulated by an appreciation of the needs which had brought about the extension of the work of the American Committee for Armenian and Syrian Relief, Colonel Finley had gone to Paris in December, 1918, and there had recruited from among the workers then being released by the diminution of the French program, a large unit for service in Palestine. This

unit proceeded to Jerusalem in February, 1919. Among them were twenty nurses and Miss Noyes was under the impression that they had gone out to work under Miss Madiera or a possible successor to her, for early in December, 1918, administrative difficulties had developed among various members of the Palestine unit. Through correspondence with Miss Madiera, Miss Noyes gained the impression that the organization was somewhat weak and that the status of the nurses was not clearly defined. Colonel Ward was then making his plans to return to his former work at Beirut and was closing the affairs of the medical service of the commission. On December 4, he wrote Miss Noyes:

> . . . Fundamentally there has been disagreement between Miss Madiera and the commission as to her services. . . . She came out with the idea that she was to direct a nursing unit and that all her work would be administrative.
>
> Even before we reached Palestine it seemed unwise to keep all the nurses together in a distinct section as we would have in service. Perhaps if we were more thoroughly under military discipline, this would have been the natural thing, but with a large number of social workers, secretaries and others, we felt it much better to mix up the various members of our larger unit, treating them all on a par. I supposed that that was the truly American, democratic way of looking at things. At any rate, after we came to Palestine and began to realize the nature of the work expected of us, we saw that the ten nurses would have to be distributed among the various hospitals and dispensaries scattered up and down the country. It was impossible for Miss Madiera to control all this work and it therefore seemed wisest to limit her functions to the general functions of a nursing bureau and not to give her control of the nursing service in the field.
>
> In this capacity, she made many trips here and there and did excellent service in helping to organize the work in various hospitals. For a time we gave her the complete responsibility of directing the district nursing and dispensary service in and about Jerusalem, but this has gradually diminished until practically all of our nurses are in hospital work.
>
> Miss Madiera has felt repeatedly that there was not scope for her activities and we have felt repeatedly the difficulty of giving her that scope even when it came to the matter of nurses' quarters. . . . In fact, there seems no place here for a director of nursing service. Our work is too small and is

> organized on an entirely different plane from that in France. We would have place for a nurse who would be a chief among the nurses, doing regular nursing service like any of the others. . . .

Before the twenty additional nurses from Paris headquarters arrived in Jerusalem, Miss Madiera had left the city and was on her way home. When they arrived, they were scattered under the system already referred to by Colonel Ward to various dispensaries in the Beirut, Aleppo and Gaza districts and they served without a chief nurse or nurse representation of any kind on the Commission for Palestine. Miss Noyes endeavored to secure information regarding their work and the possibility of appointing a new chief nurse, but on April 11, Major Storer, then one of the new commissioners for Palestine, cabled National Headquarters: "Office of chief nurse abolished with Madiera's department; statistical report following by post." Miss Noyes continued to remain in ignorance of the nursing activities in Palestine and of the general welfare and efficiency of the nurses.

Thus ended organized American Red Cross nursing service in Syria. The nurses continued to work under the direction of the various doctors but finally returned singly or in groups of one or two during the summer of 1919 to the United States or undertook service with the American Committee for Relief in the Near East.

During the period beginning July 1, 1918, and ending February 28, 1919, the American Red Cross in its twelve hospitals and sixteen dispensaries in the Jerusalem District treated 127,000 men, women and children, furnished milk to 9500 mothers for young babies and cared for 685 children in orphanages and day nurseries.[51]

On March 8, 1919, a plan was worked out by the American Committee for Relief in the Near East and the American Red Cross Commission for Palestine whereby the American Committee for Relief in the Near East took over the relief work north of Palestine and the American Red Cross was to continue its work in Palestine until July 1, 1919, when all its activities and unutilized supplies on hand were to be turned over to the American Committee for Relief in the Near East.

[51] "The Work of the American Red Cross during the War: A Statement of Finances and Accomplishments," p. 87.

Thus in the summer of 1919, American Red Cross service in the Holy Land was closed.

Siberia, a land of magnificent distances held together only by a slender thread of rail and telegraphic communication, with a population swollen by the influx of refugees from Russia, harassed by guerrilla warfare between the Red Guard and the remnants of a Czech and native Army and devitalized by famine and disease, was the scene in 1918 and 1919 for extensive, albeit at first somewhat disorganized, relief operations by the American Red Cross.

The political situation in Siberia was the determining factor of American Red Cross activity there. After the Treaty of Brest-Litovsk had been signed in December, 1917, a considerable number of Czecho-Slovak soldiers who had been fighting in the former Russian armies against the Central Powers and who were anxious to reach Vladivostok and rejoin the Allies on the Western Front, gained permission from the Bolsheviki to cross Siberia. The actual number of this Czech Army has never been definitely determined, but a conservative estimate placed the number at about fifty thousand men.[52] Early in 1918, presumably at the instigation of the Central Powers, the Bolsheviki ordered the Czechs to disarm. This the Czechs refused to do and immediately active hostility to the Bolshevik régime broke out in the region of the Ural Mountains and later spread eastward along the line of the Trans-Siberian Railway to the eastern provinces.

The Anti-Bolshevik armies were led by General Semenoff, Admiral Kolchak, General Gaida, Colonel Orloff and others. In addition small groups of native soldiers joined the forces of these leaders or operated independently.

In May, 1918, the Bolshevik forces occupied the Trans-Baikalia and thus cut the Czech armies, leaving some forty thousand of them scattered along the line of the Trans-Siberian Railway from Irkutsk westward to Samara and about fifteen thousand others in Vladivostok, awaiting transportation to France. The situation was extremely precarious, because a Bolshevik offensive in the west was daily expected and the divided Czech armies found themselves, with only the most meager supplies of food, ordnance, ammunition and sanitary

[52] "A Reference History of the War," p. 142.

service, facing this offensive and, within a few months, the severe Siberian winter.

The Allies "determined upon a certain amount of military intervention in order to try to save something from the chaos which existed in Russia" [53] and forces of Allied troops were sent in the summer of 1918 to Murmansk, on the North Russian Front, and to Vladivostok, on the Siberian side, to reënforce the Anti-Bolshevik armies.

The reasons for the despatch of American troops to Siberia were contained in a statement made by President Wilson on July 25, 1919, in reply to a Senate resolution concerning the American Expeditionary Forces in Siberia:

> . . . The decision to send American troops to Siberia was announced to the press on August 5, 1918, in a statement from the Acting Secretary of State.
>
> This measure was taken in conjunction with Japan and in concert of purpose with the other Allied powers, first of all to save the Czecho-Slovak armies which were threatened with destruction by hostile armies apparently organized by, and often largely composed of, enemy prisoners of war. The second purpose in view was to steady any efforts of the Russians at self-defense, or the establishment of law and order in which they might be willing to accept assistance.
>
> Two regiments of infantry, with auxiliary troops—about 8000 effectives—comprising a total of approximately 10,000 men, were sent under the command of General William S. Graves. The troops began to arrive at Vladivostok in September, 1918.
>
> Considerably larger forces were dispatched by Japan at about the same time and much smaller forces by other of the Allied powers. The net result was the successful reunion of the separated Czecho-Slovak armies and the substantial elimination in Eastern Siberia of the active efforts of enemy prisoners of war. A period of relative quiet then ensued.[54] . . .

The determination of the United States Government to send American troops to Siberia opened up the way for the American Red Cross. In fact, representatives of the society arrived in Vladivostok and began relief operations there previous to the arrival of American troops.

[53] "A Reference History of the War," p. 142.

[54] See "American Assistance in the Operation of the Trans-Siberian Railway. Russian Series No. 4." p. 5; Department of State, Government Printing Office, 1919, Washington, D. C.

The war organization at National Headquarters included, it will be remembered, the Foreign and Insular Division, the so-called Fourteenth Division. This division was then composed of Red Cross Chapters in all parts of the world outside of the United States and Europe; among these Chapters was a strongly-organized Chapter with ample resources at Honolulu, the Philippine Islands, and another at Tokyo, Japan. Officials of these Chapters were in constant communication with J. Otis Cutler, manager of the Fourteenth Division at National Headquarters, who kept the War Council informed as to developments in the Far East.

On July 22, 1918, the American Ambassador called a meeting of the members of the American Red Cross Chapter in Tokyo, Japan, to discuss the question of furnishing aid to the Czecho-Slovak Army in Siberia. Four days later, a formal conference was held between the Ambassador and the Executive Committee of the Tokyo Chapter, and Dr. R. B. Teusler, a Virginian, who was then superintendent of St. Luke's Hospital, Tokyo, was authorized to go to Vladivostok to investigate conditions and report personally to the Tokyo Chapter the situation in Siberia and the opportunities for relief service.

In company with two American business men who were also representatives of the Tokyo Chapter, Dr. Teusler left Tokyo on July 16 and upon arrival in Vladivostok, investigated conditions in that city and along the Trans-Siberian Railroad as far east as Nikolsk. After discussing the situation with representatives of the Czech Army and of the American Navy and State Departments there, he returned to Tokyo and organized a unit of Japanese doctors and nurses from St. Luke's Hospital for emergency service in Vladivostok.

The nurses were under the direction of Alice St. John, an enrolled American Red Cross nurse who was then superintendent of nurses at St. Luke's. Mrs. St. John was graduated from and later became superintendent of the Hackensack (New Jersey) Hospital. She was a Canadian but had married a New York physician, Dr. St. John, and after his death, had gone out to Tokyo. Mrs. St. John was a woman of serene and gracious personality. She served as chief nurse of the American Red Cross Commission for Siberia from the early inception of the work until the close of the program.

Of the situation in Vladivostok in the summer of 1918, Mrs. St. John wrote Miss Noyes:

> Early in June, the 15,000 Czech troops collected in Vladivostok had five doctors and seven trained nurses to care for all their wounded and they were entirely without medicines, hospital equipment and surgical supplies. Owing to the blockading of the remainder of the Czech Army west of Irkutsk by the Red Guard, the Czech authorities in Vladivostok decided in July to send their contingent of 15,000 Czechs back over the Trans-Siberian Railway to drive out the Bolsheviki from the Trans-Baikalia. Definite appeals for military and material assistance were sent to the American Government by the Czechs. . . .
>
> On June 25, street fighting broke out in Vladivostok between the Czechs and the local Red Guard and several were killed on both sides. The fight continued west of Vladivostok at Nikolsk and Ussuri in early July. There were no hospital facilities in Vladivostok for the care of the wounded, so emergency shelter was provided in a storage shed at the disposition of the U. S. Cruiser *Brooklyn*. This shed was temporarily fitted up by the officers and men of the *Brooklyn* to care for about one hundred patients.
>
> On July 20, a building capable of accommodating two hundred and fifty patients was secured on Russian Island, at the entrance of the Vladivostok harbor. Supplies and equipment were sent over from Japan and China by the American Red Cross and a unit of fifteen Japanese nurses and several doctors from St. Luke's in Tokyo were sent to staff the Russian Island hospital. Dr. Gill, senior surgeon of the *Brooklyn*, was director of the hospital and I reported on August 12 for duty as chief nurse. The Czecho-Slovak wounded who had been in the *Brooklyn's* warehouse were transferred to Russian Island and several French and British soldiers, also wounded in the Ussuri campaign, were brought to us.

Russian Island Hospital was thus the first American Red Cross hospital in Siberia and the Japanese nurses, in the face of meager equipment and personal privations, kept it in operation until they were relieved by American reënforcements. Miss Iyo Araki, for fifteen years head nurse at St. Luke's, was the leader of the Japanese unit.

In addition to the Russian Island Hospital, the American Red Cross in Siberia assisted in the equipment of the Czech Naval Hospital and gave aid to the Fortress Hospital in Vladivostok, where three hundred Czech patients suffering from

venereal diseases were being cared for under the joint management of the local Russian authorities and the Czech leaders.

Early in August, the Czech Army in Vladivostok planned to attack the Bolsheviki at Manchuria Station with a view toward driving them out of the Trans-Baikalia. They asked Dr. Teusler to furnish surgeons and nurses and to assist in organizing sanitary trains. Mrs. St. John wrote of the sanitary transport situation facing the Czech Army:

> At this time, many of the wounded were being brought down from Nikolsk and Ussuri in filthy box-cars with no provisions for their care. Owing to the disorganized railroad service, the journey as a rule required two or three days. The wounded were fed with food purchased from the peasants at stations along the way and were without the service of either surgeons or nurses during the two or three days' trip. The Czechs had one small improvised hospital train made up of third and fourth class cars and several freight cars, but the train had practically no equipment for handling the wounded and was without drugs and surgical dressings. These the Red Cross supplied and at once began preparation to commission two more hospital trains for service on the Ussuri and Manchuria fronts. The trains were to be supplied with American doctors and nurses and the first train, intended for service in the Trans-Baikal provinces, was ready late in August. The second was to be commissioned by September 15. . . .

Early in August, 1918, Dr. Teusler sent telegraphic appeals to the superintendents of American mission hospitals in China and Japan, asking surgeons and nurses to volunteer for service in Siberia and to mobilize by August 20 at Harbin, the nearest point of safety to Manchuria Station.

The response of the nurses was immediate. The first group of American nurses to arrive in Harbin was organized from among the staff of the Hunan-Yale Hospital at Changsha, China. One of these was Gertrude P. Carter, a graduate of the Hartford (Connecticut) School and formerly night supervisor of the pediatric department of Johns Hopkins Hospital. Another group was organized from St. Luke's Hospital, Shanghai, China, and included Florence Farmer, a Canadian nurse who had been a member of Unit C of the Red Cross Mercy Ship Expedition in 1914. She had seen service at Kief and later at

Khoi, Persia. After her release from Red Cross assignment late in 1916, Miss Farmer had remained in China and had done private nursing duty among the English colony at Peking and Shanghai.

Another nurse of the Shanghai unit was Katherine Steelman, a graduate of the Johns Hopkins School. Among Miss Steelman's papers is a copy of the original mobilization telegram sent to St. Luke's Hospital, Shanghai, by Dr. Teusler and it is of interest in that it shows the conditions which prevailed in this pioneering period:

> Vladivostok.
>
> Dr. Tucker, St. Luke's Hospital, Shanghai.
>
> Urgent call. Please report with Dr. Lee to American Consulate, Harbin, not later than August 10. Our unit leaves that day. Bring fifty pairs of blankets, sheets, pillows, two hundred towels; also warm clothing for own use; our khaki uniform with leggings or puttees; canned food for personal service. Also local Red Cross Chapter to advance cost to be repaid later. Bring two or three American nurses with you if possible. This is important. Have full authority Washington
>
> (signed) TEUSLER.

The nurses and surgeons reported in good time at Harbin. Eight of the nurses were assigned to a surgical pavilion in the Harbin Military Hospital; the other seven were sent to Buchaloo, a small village about ninety miles east of Manchuria Station. The only buildings available were Russian military barracks, which were not at all suited for hospital purposes; but with true American ingenuity the nurses organized a hospital of two hundred bed capacity. Later, the Buchaloo Hospital was maintained as a convalescent hospital for Czech soldiers suffering from tuberculosis.

The political situation was highly unsettled so the nurses were kept marking time. Gertrude Carter wrote of the Buchaloo Hospital:

> From Harbin, we had gone for an eighteen hours' ride up the railroad to Buchaloo and had established a hospital there, but only received about thirty patients in all. Fifteen of these were Czechs. The Czech Front had suddenly changed and all troops were moved on to the Ural Mountain region. Through unforeseen reasons, we did not move with them. . . .

In a report submitted June 30, 1919, to Miss Noyes, Mrs. St. John described what had happened:

> Early in September, 1918, General Gaida with a few thousand Czechs completed his remarkable campaign through the Trans-Baikalia from Irkutsk eastward to Chita and with his staff came down to Olivinnaya. This expedition completely cleared out the Bolsheviki in the Trans-Baikal provinces and reëstablished rail communications between western and eastern Siberia. The expected campaign between Manchuria Station and Irkutsk vanished with the collapse of the Red Guard resistance and the entire Trans-Siberian Railroad was thrown open from Vladivostok to the east-Russian fronts near Samara and Perm, nearly five thousand miles away. Every station along the railway was in the hands of the Czechs and they were then the masters of the situation in Siberia. This campaign of General Gaida brought to an abrupt end the arrangements for First Aid and evacuation hospitals in eastern Siberia and made necessary complete readjustment of all American Red Cross plans.
>
> At this juncture, the question arose as to whether the American Red Cross was justified in undertaking assistance on the east-Russian fronts beyond the Ural Mountains. The definite policy of the United States Government stated that it should assist the Czechs only to leave Siberia and aid them to get to France, but not to give them military or other support along an east-Russian front.
>
> With the approval of the War Council, the representatives of the Red Cross in Siberia decided to give medical assistance to the Czechs in western Siberia and to investigate the civilian refugee situation beyond Lake Baikal. During the development of these plans, the nurses and surgeons were held in Harbin and thus closed the early phases of the pioneer period of American Red Cross service in Siberia. . . .

The second period in the development of American Red Cross Nursing Service in Siberia began in November, 1918, and was characterized by the development of civilian relief work as well as medical service in the Vladivostok district and tentative expansion of Red Cross activity into western Siberia.

The first task was to evacuate the wounded Czechs to Prague. The journey was a long one, so the sick and wounded men were sent from Vladivostok to St. Luke's Hospital, Tokyo, where a ward in a building belonging to the hospital had been

prepared to receive them. This ward was staffed by two Japanese nurses and two aides, with an American Red Cross nurse, Marion Doane, as head nurse. On September 17, 1918, sixty patients were received and from time to time others came. On April 9, 1919, the convalescent Czechs were evacuated on the S. S. *Madras* to go via the Indian Ocean and the Suez Canal to Trieste and thence by rail to Prague.

Eight thousand destitute refugees were known to be living in Vladivostok in the summer of 1918 without medical or nursing attention of any kind. To care for the casual sick among these refugees, the American Red Cross took over No. 7 Marine Barracks, a building formerly a part of the Russian Submarine Base at Vladivostok, and equipped it as a hospital of two hundred and fifty bed capacity. It was opened on November 15 and was staffed largely by Chinese nurses who worked under the direction of American physicians and nurses. Mary Hood, a graduate of the Scarritt Bible and Training School for Nurses, Kansas City, was chief nurse; she had gone out to Foochow, China, to serve in the Mary Black Hospital, had been transferred to Shanghai, and had subsequently joined the Commission for Siberia.

Thus in the fall of 1918, the American Red Cross was maintaining in Vladivostok Russian Island Hospital, the Refugee Hospital and, in Tokyo, a large ward at St. Luke's Hospital. In the Harbin district, the commission was maintaining a surgical pavilion in the Military Hospital and the hospital at Buchaloo and had under process of organization extensive relief activities for western Siberia.

In October, 1918, five of the American Red Cross nurses who were stationed at Harbin were started westward on Sanitary Train No. 1 to establish a hospital in the West-Siberian provinces. Miss Farmer was in charge of the unit. The trip was a long one and during the journey the nurses had ample opportunity to see the destitute conditions existing throughout the interior.

Siberia was a beautiful country and to the nurses, as the sanitary train carrying them moved westward through Manchuria and the Trans-Baikalia and stopped at the different terminal cities along the line, the scenery seemed to grow more lovely, but the government more unstable and living conditions more wretched by contrast. Marauding bands of Bolsheviki, made up of freed criminals, German and Austrian prisoners of

war and the fierce Magyars held up the hands of the local Red Guard. Confiscation and re-division of property and livestock had taken place and production under the new régime had not begun. The educational and legal systems seemed paralyzed and starvation and disease, especially typhus, was abroad in the land.

In November, 1918, the menace of a typhus pandemic became so threatening that an Inter-Allied Typhus Commission was formed by the Allied Armies in Siberia and a complete anti-typhus train, consisting of seven cars devoted to apparatus for bathing persons and disinfecting clothes, of twelve box cars carrying supplies and three personnel cars, was sent out along the Trans-Siberian Railway to combat the spread of the disease. The train was furnished by the American Red Cross and its business manager was Rudolph Bukeley, of Honolulu. Captain F. A. Dallyn, of the Hydrological Corps, Canadian Expeditionary Forces, was director of the expedition and commanding officer of the train. Captain Bukeley later wrote a report now on file at National Headquarters, from which extracts are quoted in this history to show the environment in and the conditions under which the nurses worked. Of the famous tunnels of Lake Baikal, Captain Bukeley wrote:

> Now we are going through tunnel after tunnel; I believe there are forty-nine of them, mostly short ones, so we have had good opportunity to see the beauty of this Lake. On our left are the slate rocks through which the track has been cut and blasted; below us and to the right is the Lake, at this point some eighteen miles wide; ahead of us as the roadway winds and twists we can see the next tunnel. To our right stretches the long expanse of ice, snow swept and wind driven, and on the other shore the undulating mountain range, beautiful beyond words and of all sorts of colors, with a grayish purple predominating. . . .

In the tranquil winter landscape, the paraphernalia of war seemed incongruous. Captain Bukeley wrote:

> . . . At Verkhne-Udinsk, I saw my first armored train: first comes a flat car protected on each side by armor-plate; on this car is mounted a light gun swung on a circular carriage so as to be able to swing from side to side. Then comes the engine, also armor protected, two passenger cars and

finally a box car, reënforced in the usual manner, with openings on each side for rapid-fire guns and above holes for rifle shooting. . . .

Incidentally, General Semenoff, from what I can gather, must be of the picturesque bandit type and one who is doubtless worshipped by his soldiers. . . . He was formerly the colonel of a Cossack regiment which made him a general. Now he travels in style . . . in his private car and is absolutely his own law as far as life and property are concerned. Usually he rides in his train de luxe with an armored train in front of him and another behind him, . . . dominating the countryside from Harbin and Chita. . . .

Of the conditions and methods of travel which prevailed along the Trans-Siberian railroad, an American engineer wrote:

. . . This Chinese Eastern Railway is the eastern end of the Trans-Siberian system and has a good permanent way and good ties, with concrete bridges and tunnels, all built as only they built in Russia under the Czar. . . . The station buildings all along the line are stone, or brick and stone, substantial and of good appearance; the platforms of gravel with cut stone curbing; the station house situated at about the centers of the platform, at each end of which is a so-called toilet. The station house has the Chinese architectural roof, pleasing to the eye on the exterior but unspeakable within. . . . Then there is a building in which is a great kettle full of boiling water; from this the passengers fill their ever-present teapots. . . . In Siberia, time is no object. There is also at most stations a *Larka* or small selling store, where you can get the usual necessities, the chief of which is vodka. . . .

Every station has also a military barracks and at every one hundred versts are long military unloading platforms and immense barracks with small private buildings and parks for the officers, and even now can be seen evidence of the joyous life which existed here in the days of the Czar and military predominance. At present they are all going to ruin . . . and the former trim parks are now the rendez-vous of the village pigs. . . .

The railroad is officered from highest to lowest with college men, as no one is considered intelligent enough unless he has a diploma from a college or technical institute; it seems to matter little what he has studied, so long as he has his diploma, which is a sort of oval medal and is always worn on the man's breast. The traveling engineer is often a graduate

of the Naval college; the master mechanic may have a degree in philosophy; the chief executive is often a general. In fact they seem to be everything except railroad men. All are so scientific that they are overtrained. . . . This is coupled with supreme ego and the remark: "We do it so in Russia."

The Trans-Siberian Railway was in 1918 and 1919 the artery through which the demobilized soldiers and refugees from the Ural Mountains and the western provinces flowed eastward to Irkutsk and Amur. Captain Bukeley wrote:

Siberia has almost unsurmountable conditions to face; her towns to-day have increased in population more than four-fold, so there is no means of housing the people except by the use of barracks, concentration camps and box cars. . . . This enforced crowding; the climatic conditions which make necessary the use of heavy, lice-carrying clothing; the impossibility of providing sufficient bathing accommodations; the paralyzing of her railroad so that she is unable to import from Vladivostok, all help to make Siberia's problem a despairing one. . . . We feel as if we are trying to put out a fire by means of a teacup of water. . . .

Every day trains come in with released war prisoners returning from German prison camps, gray, gaunt and feeble from the privations they have suffered. . . . They are traveling onward, always onward, trying to find the loved ones they left behind and who to-day are scattered somewhere in Siberia. Their homes are gone, their families disappeared without a trace, and on they go themselves from station to station looking and searching everywhere, no longer soldiers but plain men again, worn out and aged in the service of the most ungrateful employer of all, one's own country; fathers seeking their children and wives; sons seeking aged parents; young men looking for the girl whom once they had hoped to make their wife.

And the refugees: those countless thousands who at the approach of the war fled on a moment's notice, some just as they were; others carrying in a bundle their all, a kettle, a pillow or some other remnant of their former worldly treasures. . . . Their past life has vanished, their future,—hopeless days of wandering, tired, frozen and worn out; dazed, broken and spiritless.

With the gregariousness of the human being, they herd together, in box cars, those few who are fortunate in finding one; they crowd the fourth-class waiting rooms of the sta-

tions. The sides of the box cars—the very walls of the stations' toilets—are covered with messages of all descriptions, in some instances only a name, in other cases a message, —simple cries flung out by a father to his wife and daughter, by a mother and child to the father, written in the hope that some day the loved one may pass through that station and read the message.

Individual suffering in Siberia, to judge from the reports on file at National Headquarters, was more acute and on a broader scale than that which the American Red Cross found anywhere except in the devastated areas of Serbia and Roumania and France. One of the most tragic cases which came to the attention of American Red Cross representatives in Siberia was that of a train of twenty-one hundred political prisoners from Samara, men, women and children, who had been packed into box cars in September, 1918, and had been shunted back and forth along the Trans-Siberian line for two months. They were so crowded in the cars that they often had no room in which to lie down; they were under heavy guard and were not allowed to leave the cars. For food, they were largely dependent upon the charity of the peasants in towns through which the train passed. No water for washing themselves was furnished the prisoners, nor brooms for sweeping out the cars, and the only sanitary provisions in each car was a hole from six to eight inches in diameter which had been cut in the floor. Captain Bukeley wrote of this train:

> I have seen men lying on the floor of the cars, with the death rattle in their throat, half naked, with lice and vermin crawling over them, visible to the naked eye, with matted, knotted hair, unkempt, filthy beyond description.
>
> Others I have seen, just lying there on the boards, half naked, in a semi-conscious stupor, and yet others . . . who hold out clawlike hands, with a whining ingratiating grin and beg for a few *kopees* or a cigarette, grinning and chuckling . . . upon receiving the one or the other and making horrible, throaty sounds of glee, as they snatched their prize. . . .
>
> The women are better treated than the men, eleven women in one car, near the guards' car. . . .
>
> This morning we were told by the guards that three men had died during the night. As we walked up the string of cars, we were hailed by the inmates of one and the guards informed that there were dead within. We insisted on the

door being opened. Lying across the threshold was the body of a dead boy, not over eighteen or nineteen years old, no coat, merely a thin shirt in such rags that his chest and arms were exposed, and for trousers a piece of jute sacking pinned around him, nothing more in this bitter Siberian cold. . . .

Of the twenty-one hundred, on November 21 only thirteen hundred and twenty-four were alive; the other eight hundred had died of typhus, dysentery, blood poisoning and starvation. The officers of the Inter-Allied Typhus Train held up the prisoners' train as long as they could, bathed and gave medical and surgical treatment to as many as possible and furnished food and clothing, but the train was finally shunted along on its way eastward.

In March, 1919, the officers of the Inter-Allied Typhus Train met another such train, this one of thirty-two box cars filled with Red Guard prisoners. Captain Bukeley wrote:

Some of these men have been prisoners for months, but the greater part of them were captured on the Perm Front some six weeks ago. The box cars are indescribably filthy, as well they may be, not having been cleaned in any manner for six weeks. On the two tiers of wooden planks, without mattresses or blankets, wrapped in their greasy, lice-covered furs, lie these poor wretches, dying of typhus, dysentery, pneumonia, without drugs or medicine. . . .

You can pass within twenty-five yards on the little sleigh-tracked road with its tumble-down shacks and the train appears to be an ordinary string of empty box cars; there is no sign of life or movement, all doors are closed, as though the Russians had left it there and forgotten its existence. . . .

As far as I can gather, the men are fairly well fed with bread, meat and water for their tea; the food is brought to within a short distance of the end of the train. Here you can watch a man, in throes of fever, with chattering teeth and limbs half naked through his rags, staggering on between the cars with some kind of a container in his hand, perhaps a rusty jam can, to get some of the food left at the end of the train. Every few steps he stops and leans against a box car until he can gather enough strength to crawl on a few more yards.

Two sights of this train particularly affected me. One was that of a man who had left his box car in search of food and on coming back found that the door of the car had been swung to, owing to the cold; there he stood leaning against the car

> and beating feebly on the door with his hands, trying to attract the attention of those inside. He was too weak to open it himself and his cries, mere throatish mutterings for help, could not be heard ten yards off.
>
> The other sight was of a man waiting for his turn to get into our bath-cars. His comrades had gone inside and, as the car was then full, he had to wait for the next contingent; there he sat on the steps of the bath-car, the tears of weakness and disappointment coursing down his cheeks because he feared that he was too late and would get no bath or underclothes. Brok [the Russian *sanitar*] and I promised that he would not lose out and gave him a few cigarettes to help him forget the waiting. . . .

To return to the American Red Cross nurses who had started westward in October, 1918, under Miss Farmer's leadership: These nurses went as far as Tumen, a small border-town under the Ural Mountains on the West-Siberian frontier. There the American Red Cross representative, Dr. Lewis, took over a large school building and the nurses and *sanitars* converted it into a hospital of two hundred beds for the Czech soldiers. "We all like the Czech soldiers very much," wrote Miss Farmer to Miss Delano, "and we hope that they can soon go back to their families again. Some have not received any word from their families for over a year."

The question of equipment for the Tumen Hospital—and for that matter all hospitals—was one which caused the executives of the American Red Cross in Siberia much weariness and vexation of spirit. Mrs. St. John wrote:

> All hospital equipment, drugs and supplies for the Tumen Hospital . . . had to be purchased in China and Japan and shipped to Vladivostok, forced through the congestion of the harbor and the disorganized customs and landed in our warehouses. One by one freight cars were ferreted out in railroad yards, on sidings, in roundhouses and machine shops and the supplies loaded in them. After a sufficient number of cars had been collected and loaded, endless wire pulling was required to get an engine to pull the train. Then began the long journey of five thousand miles over a dilapidated road, exposed much of the way to attacks by the Bolsheviki and dependent all along the line to the whims of station commanders. Our personnel was taken forward as best as and whenever we could, both supply and personnel trains being

always sent out under the protection of an American military guard.

The nursing unit included five American nurses, two of whom were enrolled in the American Red Cross, Miss Farmer and Nettie Grace McBride. During the second week in December Miss McBride came down with typhus, and on December 23, she died. "Six American soldiers," wrote Miss Farmer to Miss Delano, "carried her body to its last resting-place, in a small Russian cemetery where the Czech soldiers who had died in our hospital, are buried. It is a beautiful place, like a small woods. She was buried in her Red Cross uniform, with the American flag across the casket."

Several of the American nurses at Tumen returned in January, 1919, to their mission posts in China, and General Powell, of the British Expeditionary Forces in Siberia, assigned five British nurses to the American Red Cross Hospital at Tumen. Miss MacGregor, of the British Red Cross, a veteran who had served both in France and Mesopotamia, was in charge of them and of several Russian Sisters.

The American Red Cross hospital at Tumen was maintained until July, 1919. On April 28, Miss Farmer wrote Miss Delano:

> We expect to increase our hospital shortly to 410 beds. Just now we have a Russian unit working with us. We still have some Czech patients but the majority now are Russians, —mere boys. I still like them as much as I did in Kief and, I suppose, always will.

Of the Russian temperament, Captain Bukeley, who was at this time in the Ural Mountain area on the Inter-Allied Typhus Train, wrote:

> Russia is essentially a singing country. On all possible occasions, the Russians sing: when they are tired, to rest them; when they are miserable, to help them forget their troubles; when they are happy, because they are happy. . . . Their folk songs are beautifully simple, often with a minor melody running through the refrain. The boys and girls each have their own folk songs and it is delightful to listen to them. The girls, now that spring has come, wander through the village with their arms intertwined and sing of flowers

and spring and love; and the boys gather around one or two of their companions who play the *balalaika,* a wooden stringed instrument. . . .

To return again to the American Red Cross nurses who were being held in Harbin in October, 1918: A second unit under Gertrude P. Carter was started westward at this time on a sanitary train and went to Omsk, which was located forty-eight hours' eastward from Tumen on the Trans-Siberian Railroad. Of this city, Captain Bukeley wrote:

Omsk is a strange and ugly city situated some seven *versts* away from the main railroad station. Omsk would have a normal population of say one hundred thousand, but to-day there are five times that number. The barracks are crowded with Czech, Russian and other troops and there must be twenty-five thousand German-Austrian prisoners in barracks and concentration camps.

There is no transportation, no importation of goods except what is smuggled in by passengers and *provodnyiks.* There are many beautiful stores but their stock would shame a little country store. . . .

In the Irtish River lie all kinds of boats, icebound for the winter. The average man has no idea of these Siberian rivers, the Irtish at Omsk, the Volga flowing south, and the Ob, the Yenise, the Amur, the Dvina flowing through virgin, unexplored land to the frozen North. On the other side of the bridge spanning the Irtish at Omsk is a large space kept free and swept for skating and in the afternoons you see wonderful exhibitions of the sport. Nobody seems to worry about poverty or the fact that a typhus epidemic is raging; the skating rink is crowded. In the one restaurant I visited, a large orchestra was playing.

Then from the city you drive back to the station over fields and bare wastes covered with snow which a biting wind drives into your eyes. At the station you walk along the tracks to where your train is lying in the yards, surrounded by trains of box cars, all very dirty, with all kinds of refuse lying about and with refugees wandering around and looking very cold, dirty and hungry . . . the women usually with an old shawl tied around their head and shoulders, the men in filthy sheepskin overcoats and the children in rags, little, wan, skinny, ferret-featured creatures, always peering around for something that some one has thrown away. . . .

The American Red Cross established a hospital at Omsk and maintained it for some months. On January 11, 1919, Miss Carter wrote Miss Noyes:

> Our unit arrived in Omsk on November 10. By this time, the Czechs had started their hospital in Ecteunburgh . . . and all they wished from us were drugs and supplies. . . . They did not seem to need women nurses; in the field they use *sanitars* from the ranks of Austrian prisoners. . . .
>
> We had some difficulty in finding a building in Omsk suitable for a hospital. After eight weeks, the Agricultural College was turned over to us to use as a hospital for the Czechs, but it was grudgingly given. In fact, they immediately put 186 Bolsheviki into it for safe-keeping, but by December 30 we had our beds made, our scanty equipment in place and were ready to receive patients, and four French patients arrived and ten days later, two hundred Russians. . . .
>
> Our hospital capacity at present is two hundred and fifty patients. The building is large, but is chiefly corridors. However, it is a fine building, but is located six miles from the city and about twelve miles from the railroad station. Of course the present unsettled conditions account for much delay, but . . . this is the way things go in Siberia. . . .

In addition to the large hospitals at Tumen and Omsk, the American Red Cross maintained smaller ones at Novo-Nikolaevsk, Omsk, Petropavlosk and Cheliabinsk for the treatment of typhus cases. On account of the limited number of American nurses, these hospitals were staffed by Russian nurses, but the result was not highly satisfactory. In her report of June 30, 1919, Mrs. St. John wrote:

> My experience with the Russian nurses has convinced me that one of the serious obstacles to their efficiency is their own lack of knowledge of personal protection. Many go about in bare feet, exposing themselves needlessly to infection; as a result, the percentage of nurse infection is very high and the mortality proportionate. In a Russian hospital which we were assisting at Ekaterinburg, five nurses and three doctors died of typhus during the first two months of its operation.

Thus an opportunity for far-reaching service presented itself to the American Red Cross in the training of a corps of Russian nurses.

The first experiment in the field of nursing education was made at the Vladivostok Refugee Hospital. In February, 1919, Miss Hood returned to her mission post in China and Janet Dewar succeeded her as chief nurse. Miss Dewar was a California nurse who had since 1909 served as superintendent of the Kanikeolani Children's Hospital at Honolulu, Hawaii.

On April 1, 1919, a simple course of nursing was established by Miss Dewar and twelve Russian girls, all of them nineteen years old and over and graduates of high school, were registered as pupils. In a report addressed April 30, 1919, to Major Emerson, then acting medical director of the commission, Miss Dewar wrote:

> The curriculum includes weekly three classes of two hours each on both the theory and practice of nursing, also five lectures weekly from members of the medical staff of the hospital. The hours of work in the wards are from 7:30 A.M. to 7:30 P.M., with the usual time off duty, and the work is done under the direct supervision of the American nurses. The students are classed as nurses' aides and receive $30.00 monthly in addition to maintenance. We do not aim to give complete training such as is given in a good hospital in the States, but we do aim to give these girls thorough groundwork in the theory and practice of nursing.
>
> We have found these students more satisfactory help than the Russian nurses who have had more or less experience at the front. They are intelligent and loyal when once their confidence has been gained. They are not to be driven but are easily controlled by kindness. They are willing to do the hard menial work of nursing but they seem to lack physical reserve strength. . . .

The course was given up on June 20, the date when Miss Dewar returned to her former position in Honolulu.

The political situation in Siberia in the spring of 1919 favored the development of an extensive American relief program. In February, 1919, it will be remembered, the Allies decided to assume responsibility for the rehabilitation and direction of the Trans-Siberian Railway. In his reply addressed July 25, 1919, to the Senate resolution mentioned above, President Wilson wrote:

> In February, 1919, as a conclusion of negotiations begun early in the summer of 1918, the United States accepted a

plan proposed by Japan for the supervision of the Siberian railways by an international committee, under which committee Mr. John F. Stevens would assume the operation of the Russian Railway Service Corps. In this connection it is to be recalled that Mr. John F. Stevens, in response to a request of the Provisional Government of Russia, went to Russia in the spring of 1917. A few months later he was made official adviser to the Minister of Ways of Communication at Petrograd under the Provisional Government.

At the request of the Provisional Government and with the support of Mr. John F. Stevens, there was organized the so-called Russian Railway Service Corps, composed of American engineers. As originally organized, the personnel of this corps constituted fourteen skeleton division units as known in this country, the idea being that these skeleton units would serve as practical advisers and assistants on fourteen different sections of the Siberian railway and assist the Russians by their knowledge of long-haul problems as known in this country and which are the rule and not the exception in Siberia.

Owing to the Bolshevik uprising and the general chaotic conditions, neither Mr. Stevens nor the Russian Railway Service Corps was able to begin work in Siberia until March, 1918. They have been able to operate effectively only since the railway plan was adopted in February, 1919. The most recent report from Mr. Stevens shows that on parts of the Chinese-Eastern Trans-Baikal Railway he is now running six trains a day each way, while a little while ago they were only able to run that many trains per week.

In accepting the railway plan (in February, 1919) it was provided that some protection should be given by the Allied forces. Mr. Stevens stated frankly that he would not undertake the arduous task before him unless he could rely upon support from American troops in an emergency. Accordingly, as provided in the railway plan, and with the approval of the Inter-Allied Committee, the military commanders in Siberia have established troops where it is necessary to maintain order at different parts of the line.

The American forces under General Graves are understood to be protecting parts of the line near Vladivostok and also on the section around Verkhne-Udinsk. There is also understood to be a small body of American troops at Harbin. The exact location from time to time of American troops is, however, subject to change by the direction of General Graves.

The instructions to General Graves direct him not to interfere in Russian affairs, but to support Mr. Stevens wherever necessary. The Siberian Railway is not only the main artery

for transportation in Siberia, but it is the only open access to European Russia to-day. The population of Siberia, whose resources have been almost exhausted by the long years of war and the chaotic conditions which have existed there, can be protected from a further period of chaos and anarchy only by the restoration and maintenance of traffic on the Siberian Railway. . . .

The Russian authorities in this country have succeeded in shipping large quantities of Russian supplies to Siberia and the Secretary of War is now contracting with great coöperative societies which operate throughout European and Asiatic Russia to ship further supplies to meet the needs of the civilian population. The Kolchak Government is also endeavoring to arrange for the purchase of medical and other Red Cross supplies from the War Department and the American Red Cross itself is attempting the forms of relief for which it is organized. . . .[55]

Partial responsibility for the care of American engineers and certain specified medical aid to the Russian Army was rested in the American Red Cross. Moreover, there was imperative necessity of more adequate organization and additional personnel if the maintenance of the hospitals already established was to be continued. The leave of absence which had been granted the original physicians and nurses of the early commission by their mission hospitals had expired and they were obliged to return to China, Korea and Japan. With their departure ended the pioneer period of American Red Cross service in Siberia,—a period marked by sterling service in the face of gigantic needs, a chaotic political situation and general lack of organization.

In March, 1919, while on a train in central-western Siberia, Mrs. St. John met with an accident which made necessary her return to the United States for treatment. At the same time, Dr. Teusler planned to come to National Headquarters to lay before the Executive Committee plans for the development of further American Red Cross activity in Siberia.

In February, 1919, the Siberian Commission had cabled to National Headquarters, asking for the assignment of one hundred and thirty nurses and fifty nurses' aides for service in Siberia. Other types of personnel which were requested were sixty doctors, six dentists and a large clerical and account-

[55] "Russian Series No. 4," pp. 5-6. State Department.

ing staff. The total number of persons recruited from America during 1919 exceeded six hundred, of which one hundred and fifty-six were American Red Cross nurses and forty-three were nurses' aides.

The first contingent of nurses and aides, with Grace Harrington in charge, arrived in Vladivostok on April 24, 1919, thirteen days before Mrs. St. John left for America. Miss Harrington was appointed acting chief nurse of the Siberian Commission and for the first time the status of the Nursing Service was defined. Hitherto, the nurses had had no representation on the Finance (the governing) Committee of the commission; they had been assigned to service by the doctors and had had little voice in the determination of nursing policies. Upon the occasion of Miss Harrington's appointment, the general supervision of nurses and their assignment to duty was delegated to a separate Department of Nursing, of which Miss Harrington was made acting director. She was given a place on the Finance Committee and powers and facilities to organize the Nursing Service along the same general lines of office detail and administration prevailing at National Headquarters.

Miss Harrington was a graduate of St. Mary's Hospital, Milwaukee, Wisconsin, and had done public health and industrial nursing in Seattle, Washington, previous to her Red Cross assignment.

A second group of nurses arrived in Vladivostok on June 5, under the leadership of Ethel Pinder, a young and able nurse who after graduation from the Atlantic City (New Jersey) Hospital School, had had experience in medical social service at Bellevue Hospital and in public health nursing at Henry Street. Upon her arrival at Vladivostok, Miss Pinder was assigned to duty as Miss Harrington's assistant; she promptly established the records of duty and correspondence files for the nurses of the commission, in conformity with the system prevailing at National Headquarters.

On June 26, Anna L. Tittman and a unit of twenty-five nurses and seven aides arrived in Siberia. Miss Tittman had been selected by Miss Noyes as a nurse executive who would be particularly valuable in straightening out the organization difficulties in Siberia. She possessed a penchant for details and with it a keen and well-balanced mind. She was graduated in 1906 from the Springfield (Illinois) School for Nurses and had had post-graduate work at the Johns Hopkins and Bellevue



American Red Cross nurses and surgeons en route to Vladivostok, Siberia. visit the Iyeysan Temple, Nikko, Japan.



Nurses of the Siberian Commission go shopping at a market of Manchuria Station.

Hospitals. She later organized public school nursing in Springfield and was for some years secretary and treasurer of the Illinois Board of Nurse Examiners.

The activities of the reorganized Commission for Siberia included medical and general relief in three principal zones: the Eastern Division which included the Vladivostok District and extended westward to Manchuria Station; the far-Western Division, which included the territory extending from the Ural Mountains to Krasnoyarsk; and the Central Division, which included the provinces of Irkutsk and the Trans-Baikalia. The account of the American Red Cross nursing activities in these three zones will deal first with events which transpired in the Eastern Division, then in the far-Western and Central Divisions.

Vladivostok was the port of entry for all American Red Cross personnel of the commission and relief supplies in Siberia; all files were kept there and all reports of its activities cleared through the Vladivostok office to National Headquarters. The nurses and aides of the reënforced commission were housed in the Russian Barracks, "an international compound," wrote Miss Pinder to Miss Noyes, "where Japanese, Chinese, French, Italian and British soldiers are billeted in the surrounding buildings." As the needs for their services developed in western Siberia, nurses were sent into the interior on Red Cross trains. Nurses and aides assigned to service in Vladivostok continued to live at the Russian Barracks or, if conditions permitted, were furnished quarters in the hospitals to which they were assigned.

The first work of the Nursing Department in the Eastern Division was the reorganization of nursing activities in all Red Cross hospitals in this zone. This reorganization, with its improvement in the quality of nursing care given the patients, had not been possible before because of the limited number of nurses and the shortage of supplies.

Russian Island Hospital was the first institution to undergo the reorganization. Mary Marcy, formerly superintendent of the House of Mercy Hospital at Pittsfield, Massachusetts, was assigned to duty at Russian Island Hospital as chief nurse and a large detail of American Red Cross nurses were stationed there to assist her. The capacity of the hospital was considerably raised and its scope broadened. In a letter addressed on October 12, 1919, to Miss Noyes, Miss Marcy wrote:

> In the summer, Russian Island is a place of great beauty. It is about seventeen miles long, has many inlets and is hilly and covered with small, rather stunted trees and quantities of wild flowers (we counted forty varieties at one time). We are a thirty minutes' boat ride across the bay from Vladivostok.
>
> The hospital itself is situated on a cliff overlooking the bay and consists of three one-story buildings. When I first came here in July, there were only Czech soldiers here, but since it has been changed into a general hospital, our patients represent about ten nationalities. Our staff is made up of two American and two Russian doctors, fourteen American nurses, two Czech aides and eighteen Russian Sisters. . . .

Next to the Russian Island Hospital was an American Red Cross children's colony. In the summer of 1918, a committee of Petrograd parents, organized under the sanction of the Department of Education of the Soviet Government, had sent a large colony of Petrograd children, with their teachers, to western Siberia on account of the food shortage in Russia. Starvation and disease, however, had overtaken them in Siberia and finally the Russian woman in charge of the colony, Madame Vera Qvanovna Kutchenakaiga, appealed to representatives of the American Red Cross then in the Ural Mountain regions for aid. "She told us," wrote Captain Bukeley, "of the suffering of these children who had trekked their way from European Russia, traveling many hundreds of miles on foot. . . . Many of them became little frightened animals who ran away at the sight of human beings who would have helped them, ran until they were free from pursuit, when they would eat grass and roots until exposure mercifully let them sleep without awakening."

Two hundred and seventy-two children were gathered together by the American Red Cross early in 1919 at Lake Turgoyal and were started in July upon their long journey eastward. Others were collected from adjoining towns and villages; three hundred arrived in Vladivostok in August and seven hundred more several weeks later. The entire colony of over nine hundred was established in barracks next to the American Red Cross Hospital on Russian Island. Two nurses, Miriam Lewis and Maude E. Moody, were the first nurses assigned to the colony to look after the children's physical welfare.

The Vladivostok Refugee Hospital underwent the same gen-

eral reorganization and expansion as did the Russian Island Hospital. Mary H. Bethel, a capable and energetic former chief nurse in the Navy Nurse Corps, was assigned to duty there, first as dietitian and assistant chief nurse, later as chief nurse. A large and active clinic was organized at the Refugee Hospital; Josephine Albright was placed in charge of public health nursing and medical social service work in connection with it.

Owing to the influx of Russian refugees into Vladivostok in the fall of 1919, an influx due to victories of the Red Guard in the West, the commission took over on November 1 sections of the Morskoi (Naval) Hospital. Red Cross wards had a capacity of 220 patients and treated principally surgical cases. The nursing staff consisted of twenty-eight American nurses and twenty Russian aides. Miss Bethel was chief nurse, a responsibility added to her duties at the Refugee Hospital.

On November 18, street fighting broke out in Vladivostok between the upholders of the Kolchak Government and local Bolshevik sympathizers, and numerous civilians were wounded. An emergency hospital was established in twenty-four hours' time by the commission in American Red Cross Barracks No. 7. Miss Tittman wrote Miss Noyes:

> During the revolution in Vladivostok, everyone at Barracks No. 7 worked hard and long. Our Red Cross men showed spirit and courage in picking up and bringing in the wounded. The variety of our patients (there were 56 admitted to the emergency hospital) exemplified the true principles of Red Cross neutrality. There was a Korean who had been picked up from his sampan; two Japanese; General Gaida's woman cook, who had been beaten with the butts of soldiers' guns; a Russian priest; a British officer; soldiers of all the factions involved in the fight; railroad men; innocent bystanders; and even an American sailor.
>
> By November 19, practically all the victims of the street fighting had been transferred to other Red Cross and Russian hospitals or to their homes. Most of the military cases were taken to the Morskoi Hospital. . . .

In November, 1919, Mrs. St. John and Colonel Teusler returned to Vladivostok. Mrs. St. John resumed her duties as chief nurse of the Siberian Commission and Miss Tittman continued as chief nurse of the Eastern Division.

In addition to the maintenance of the hospitals described above, the Nursing Service in Siberia took up again the educational project initiated by Miss Dewar in April, 1919, and Helen L. Bridge was made responsible for its development. Miss Bridge had taken her B. S. degree at Teachers' College, had been an instructor at the St. Luke's (New York City) School for Nurses and had later served as superintendent of the Washington University School for Nurses at St. Louis. In a report submitted to Miss Tittman on December 17, 1919, Miss Bridge wrote:

> On August 4, 1919, a four months' course of study was initiated for Russian women serving as nurses' aides in the American Red Cross hospitals at Russian Island and Vladivostok. During the course it was planned to give sixty-four hours' instruction in elementary nursing and hygiene, including bandaging; discussion of the commoner medical and surgical emergencies and forty-eight hours' class work in English.
>
> The object underlying the course was to improve the standard of the nursing service in the American Red Cross hospitals by giving the pupils a systematic training which could be coördinated with their practical work in the hospital wards. . . . In addition, it was felt that the organization of class work for Russian girls offered a splendid educational opportunity in itself; a national characteristic of the Russians is their passion for study.
>
> Two classes were organized, one at Russian Island Hospital and the other at Vladivostok. . . . During the past four months, the theoretical instructor has taught four hours a day for three days a week on Russian Island and three hours a day for three days each week in Vladivostok. . . . The ward instructors . . . have supplemented the pupils' classroom instruction with bedside teaching. As there was no nursing textbook in Russian procurable, a digest of the textbook of Home Hygiene and Care of the Sick was translated and later published in Russian; the translator also served as interpreter during the classroom work.
>
> For the English instruction, no books were available until within a few weeks before the conclusion of the course. Then a supply of Beshgeturians' "Foreigners' Guide to English" was received from Manila.
>
> On December 1, 1919, seventeen pupils were graduated from the Russian Island class and eleven others from the Vladivostok class.

A third class was organized on November 6 and was composed of Russian girls of over eighteen years of age from the Petrograd Children's Colony. Fifteen students entered this course and received their practical instruction in American Red Cross wards of the Morskoi Naval Hospital.

These three elementary courses had been initiated as an experiment to determine whether or not it would be feasible for the American Red Cross to attempt to develop in Vladivostok a permanent training school for nurses under the Nightingale System. Miss Noyes had been anxious for the Department of Nursing to establish one but to Miss Tittman and Miss Bridge it had seemed wiser not to attempt it for the following reasons, which were contained in a letter written December 3, 1919, by Miss Bridge to Colonel Teusler:

1. The preliminary education of candidates is too uneven to allow definite methods of instruction or the giving of prescribed courses.
2. There is an inadequate number of candidates with satisfactory preliminary education.
3. Applicants come to us not because of a deep-rooted interest in nursing and a desire for training but because they are forced to earn their livelihood.
4. American nurses cannot teach without more of a working vocabulary of Russian than they could acquire in the time spent here. It is not wholly satisfactory to teach through interpreters. The pupils, although eager and quick to learn English, would not be able to use English textbooks. There are no satisfactory Russian textbooks available.

In addition to the courses offered to Russian hospital aides, Miss Bridge also organized, with the coöperation of the Russian Red Cross, courses in Home Hygiene and Care of the Sick for laywomen. The first class was started on December 10; Vashti Bartlett was the instructor. During the progress of this course a teaching center was opened at No. 10 Peter the Great Street and during December, 1919, and January, 1920, five additional classes of Vladivostok women were instructed there. Another class was started in December which included girls of the Petrograd Children's Colony fifteen years of age and over.

An interesting phase of the educational program had taken place in August. Miss Bridge described it in her final report:

> During the month of August, the Department of Nursing was requested to provide instruction to a group of Korean women in the city of Vladivostok. The Red Cross agreed to do this if an interpreter could be secured. It was necessary to send to Korea for one and she did not arrive in Vladivostok until December. A further delay was encountered by the necessity of preparing a Korean translation of the textbook in Home Hygiene and Care of the Sick. After having overcome these difficulties, the classes could not be given owing to the imminent withdrawal of American Red Cross nurses from Siberia. It was suggested, however, that the courses be given anyhow, the theoretical instruction by a Korean woman who is a graduate of a mission school for nurses in Seoul, and the practical demonstrations by a Russian nurses' aide who served as interpreter to Miss Bartlett and assisted in the conduct of the classes for laywomen.

An effort was made to extend the class work and the instruction of nurses' aides to western Siberia but the military situation in the summer of 1919 made the development of such a project impossible.

When the American Red Cross closed its program in Siberia in the spring of 1920, fourteen classes had been organized, including the three for nurses' aides, and 216 pupils had been enrolled. Of the close of the educational program, Miss Bridge wrote:

> A plan has been formulated to continue the Teaching Center under the direction of Sister Selma Chepposova, a graduate Russian nurse who will be assisted by Valentina Alexandrof, interpreter to Miss Bartlett. Miss Farmer, the American Red Cross nurse in charge of the Petrograd Children's Colony, will continue the classes among the girls of the Colony.
>
> As to the textbooks in hand, . . . the "Foreigners' Guides to English" have been turned over to Miss Farmer for use in the Children's Colony. The Russian text of Home Hygiene and Care of the Sick was received from the printer early in February. Some of these will be used by the Children's Colony and the Teaching Center and others will be turned over to the Russian educational authorities and public officials.

Immediately west of Vladivostok in the Manchurian province of China lay the city of Harbin. Here in August and September, 1919, cholera was epidemic. Five American Red Cross

nurses of the Siberian Commission were assigned in August to assist American Red Cross doctors in their efforts to check the disease. The head nurse of this detachment was Vashti Bartlett, who needs no introduction here to readers of this history. On September 2, Miss Bartlett wrote Miss Noyes:

> The five of us arrived here in Harbin on the morning of August 26 and spent our first day being taken on a survey about the city. Harbin is divided into three principal districts; each district is a distinct city in itself. One is occupied by the Chinese, another by the Russians and a third by the Jews.
>
> Our first morning was spent in the Chinese city. There we met many people wearing masks. Lime is sprinkled everywhere and we saw coffins in the streets waiting to be hauled off. We were told that in the beginning of the epidemic the bodies were thrown in any clump of tall grass, but that has been stopped. Now coffins are given to anyone who asks for one; the relief societies and the American Red Cross here put aside a sum of money for this express purpose.
>
> The Chinese City Hospital has a most capable Chinese doctor in charge of it, Dr. Wu. Our American Red Cross doctors were also working here; on the following day, two of our nurses reported there to help with the transfusions. The cause of death from cholera, it seems, is due to the fact that so much of the fluids of the body are given off in the almost constant vomiting and stools that the blood cannot flow for lack of fluid. Thus transfusions supply the needed fluid, and under this treatment the death rate is lessened fifty per cent. Indeed, I have seen men brought in unconscious and half an hours later I have seen them walk out. One of the chief difficulties in treating the Chinese is to keep them long enough for the two or three transfusions needed.
>
> No one who had not been here can imagine the numbers of flies which swarm over the patients. At your approach, a black cloud of them will rise from the patients who lie about waiting their turn. As soon as the American doctors and nurses could get it done, straw sheds were made and the doors covered with net. The Chinese prefer to sleep on the floor on straw, which is afterwards burned. Other than this, we really did very little but give the transfusions, because the patients are soon able to look after themselves. I don't know what we would have done, however, if the disease had not been one from which its victims recovered quickly after treatment, as the epidemic was spreading from the Chinese City to the other sections.

In the Russian section of Harbin, the situation was even more desperate. Miss Bartlett wrote Miss Noyes:

> Our nurses are now working in two Russian hospitals and a building of the Central Hospital has been turned over to us. This building houses about a hundred patients. In a Russian hospital, things are not done as we do them. For instance, I was in a ward to-day with three Russian doctors and several nurses; a patient was sick and they let her vomit three times and made no motion to get a basin or to clean up the floor, but did after the fourth time. The Russian nurses go on duty for twenty-four hours and then go off again for forty-eight hours. Men and women are put in the same room in beds next to one another and I have yet to see a screen. No attempt is made to keep the patient covered and as likely as not the orderly will wait upon a woman patient and the nurse upon a man. I have seen them bring a patient the length of the building on a stretcher without anything on him; now they seem to know, however, that I insist upon a sheet.
>
> Patients used to be brought in, placed on any vacant bed and transfused right there with friends and other patients looking on. As I have not yet seen a rubber sheet, the beds were always wet and bloody. Now we have a room with three long tables in it and the patients are laid on them and transfused there. I often lead them by the hand back to their relatives or friends. Things appear to be going excellently. . . .

By the end of October, cholera had been stamped out in Harbin and three of the nurses, among them Miss Bartlett, were recalled early in November to Vladivostok. The other two remained to assist in caring for American engineers in the hospital of the Russian Railway Service Corps. This hospital had been started early in 1919 and had then had a nursing staff of two American Red Cross nurses, (Mrs.) Gertrude C. Brandon and Mabel E. Doub, two British Red Cross nurses and one British aide. In November, Miss Tittman visited the R. R. C. S. Hospital, the Central Hospital, the City Hospital, the Chinese Hospital and the Russian Red Cross Hospital, all of them places in which American nurses had been stationed. Miss Tittman wrote Miss Noyes on November 15 that she was "again impressed with the weak organization and meager equipment of Russian hospitals in Siberia. The Russian Red Cross Hospital gives a two year course of training to nurses," she

added, "and I made an effort to secure data on their course of instruction but received only vague comments."

The educational projects and the nursing service which was maintained in the hospitals established or aided by the commission in Vladivostok and Harbin, constituted the nursing activities of the Eastern Division. Extensive civilian relief was also given in the Vladivostok District and throughout western Siberia. Barracks were erected to house the refugees and meals were served to them. Sewing rooms, a weaving and a tailoring shop was opened. Boots, pajamas, sheepskin coats, shirts, socks, sweaters and underwear to the number of 880,000 articles were distributed by February 28, 1919.[56]

The nursing activities of the American Red Cross in the western and central provinces of Siberia were manifold and the service itself difficult and fraught with many hardships and considerable peril. To return to the summer of 1919 and the reorganization of the Nursing Service: Upon Miss Tittman's arrival at Vladivostok late in June, Miss Harrington had been appointed chief nurse of the Western Division and in company with Major F. P. Manget, then acting-commissioner and manager of the Western Division, had gone west in June to Omsk to supervise the establishment of an office from which nursing personnel could be distributed in western Siberia. It will be remembered that at this time the American Red Cross was operating a large hospital at Tumen, of which Miss Farmer was chief nurse; another at Omsk, of which Miss Carter was chief nurse; and typhus hospitals at various other towns and cities in western Siberia. Colonel Teusler and Mrs. St. John, it will also be remembered, had gone to the United States and Miss Tittman and Major J. N. Strong were left in charge in Vladivostok during their absence.

Among the Red Cross personnel who went west with Miss Harrington and Major Manget was a merry-spirited nurses' aide, Edith Barnett. On July 3, she wrote from Omsk to Miss Pinder:

> I wish I could adequately describe this sweet spot in which we are waiting for our assignments. The hospital itself is beautifully situated about five miles from town and we are in

[56] For further details of the civilian relief program, see "The Work of the American Red Cross during the War: A Statement of Finances and Accomplishments;" also Annual Reports, 1919 and 1920; Red Cross Library.

> a real Russian log house set in a grove of birch trees. The song birds awoke us this morning and we lay on our cots on the summer sleeping porch and looked out through the quivering birch leaves to the cobalt sky—for the sky can be bluer in Siberia than anywhere else, it seems.
>
> We had a most beautiful trip on the train. We came by freight and stopped at all the wood piles and watering tanks. The scenery and wild flowers were indescribably beautiful. On the upgrades some of the men would jump off the train and gather flowers that filled our compartments and dining rooms. We were in a bower of purple iris, marigolds, yellow lilies, peonies, lilies-of-the-valley, blue columbine and wild roses. . . .

On July 9, Miss Harrington with six American Red Cross nurses and three aides arrived at Cheliabinsk and found that the American Red Cross had taken over the Perecelenchesky Punkt, or Government Immigration Station, two weeks before, but that they were not yet fully established. Miss Harrington wrote Miss Noyes:

> We gradually took possession of the buildings as they were freed from vermin, whitewashed and made sanitary. Eleven of the sixteen buildings were soon in our possession and our wards filled with patients delighted with the bugless beds and the fresh sheets and Red Cross pajamas. We had inherited three hundred surgical and seventeen typhus cases. Stephanie Pohle is chief nurse.
>
> A good-sized laundry and big bath were in the process of being made sanitary, also five other buildings to be used for patients. In addition, there was a good-sized *Ambulatoryah* or clinic where during a four days' observation five hundred cases were treated. When the hospital was first taken over, there was a large percentage of hand and foot or self-inflicted wounds. Under our régime, these cases were refused hospital care but allowed treatment at the *Ambulatoryah*.
>
> Taking it in all, the Punkt was an ideal location for a hospital. Trainloads of wounded from the front could be backed into the yards and unloaded with little effort; the grounds, though neglected, could have been made highly attractive, and the buildings usable.

In a letter written Miss Noyes on July 23, Miss Harrington, then en route to Omsk, described the fate of the Cheliabinsk Hospital:

After we had been at Cheliabinsk for two days, we learned that the Bolsheviki were making rapid progress and that different Russian regiments which had been sent to the front had vanished in thin air. Major Manget, acting commissioner, decided to push on to Miass to interview General Suroff regarding true conditions, so our car was attached to an outgoing train heavily guarded by Russian soldiers and we made Miass in about eight hours. Thus Major Manget was advised to evacuate eastward the Red Cross personnel at Cheliabinsk and the Petrograd Red Cross Children's Colony then at Lake Turgoyal, about sixteen *versts* from the station at Miass. We three women, one an interpreter and the other a publicity woman, started out for the colony in the rain and arrived there about two o'clock in the morning.

The next morning, a beautiful one, the children gathered with their treasures and . . . finally all were gotten started on their way eastward. We finally reached Cheliabinsk and were there for a day, then pulled out one train behind that carrying the Children's Colony.

The conditions here seem hopeless now. The latest news from Cheliabinsk is serious and Ekaterinburg is in the hands of the Bolsheviki. Nothing in the world can prevent them from swooping down on Omsk and where the front will be in three weeks is a matter for conjecture.

On July 26, Miss Harrington wrote Miss Noyes from Omsk regarding the evacuation before the victorious Red Guard:

We arrived at Omsk on July 24 and were astonished to find that our American personnel had already been moved down the line. Ekaterinburg is also evacuating, so Major Manget after a consultation with American Consul General Harris and our Army officials, felt that it would be well to get our personnel out before traffic is paralyzed and our people bottled up here indefinitely.

The complete personnel from Tumen will be moved to Tomsk to open a 2000-bed hospital there. The rest will go on to Irkutsk to await further orders. . . .

All our plans for the four months' intensive training for Russian aides have had to be given up. It is discouraging because the Russian nurses at the front are trying to use our supplies and it does seem as if we ought to train these young women in the proper way to use them. Most of them are just young refugee girls who must have employment and previous to their work with us have had no training of any kind.

> A second train carrying our personnel starts eastward this afternoon. There will be left only seven nurses in Omsk and they will evacuate with other American personnel on Consul General Harris' train when he feels that the proper time has come. We are sad, indeed, over the sudden change of affairs and we can only hope that within a short time we will be back in Omsk and even in Cheliabinsk.

The success which had met the advance of the Red Guard in the Cheliabinsk district continued and on July 29, Major Strong, in charge of American Red Cross activities in Vladivostok, wired Colonel Teusler, then in Washington:

> Owing to Bolshevik advances, Cheliabinsk and Tumen have already been evacuated. Omsk is being evacuated and the nursing staff has already left. The supply trains going west are being returned east. Irkutsk will have a three hundred bed hospital, but further extensions or storage impossible on account of the overcrowded conditions of the city. We are arranging store depots at Verkhne-Udinsk and Harbin as the most advisable western points for warehouse space.
>
> The personnel will be housed at Buchaloo until the situation clears. Further incomers are being stopped at Japan, as there is no space in Vladivostok.

Tomsk was the next large city located east of Omsk on the Trans-Siberian Railway and for some weeks it became the headquarters of the American Red Cross in western Siberia. Miss Harrington detailed nurses and aides to the American Red Cross hospital which had been established in 1918 with the coöperation of the Faculty, in one of the twenty-nine buildings of the Tomsk University. No American nurses had been assigned to duty there in 1918, however, because they could not be spared, and, indeed, their stay in the handsome University Hospital during 1919 was short. The city of Tomsk possessed the beauty traditional to Russian and Siberian cities. The streets were broad and well kept and the stores large and, previous to 1914, well stocked with luxuries of all kinds. The University, where Metchnikoff had performed some of his remarkable experiments, had made Tomsk the center of Siberian art, science and letters. It had also been the seat of the Kolchak Government.

All American Red Cross women personnel were evacuated from Tomsk late in August and got out safely, all except Edith

Barnett, who had died of typhus on August 15 and had been buried several days later at Verkhne-Udinsk.

During the month of September, 1919, only three American Red Cross hospitals were maintained in the Western Division, the first at Omsk; the second at Novo-Nikolaivsk; and the third at Tomsk. American Red Cross physicians were still in charge but no American Red Cross nurses were on duty in any of them. The thousand-bed hospital which had been started in 1918 in the agricultural school at Omsk, was staffed by Russian Sisters, with Helen Domerschikoff in charge. Other Russian Sisters and Russian nurses' aides were on duty at Novo-Nikolansk and Tomsk.

The city of Irkutsk, some miles west of Lake Baikal, became in September the center of American Red Cross activity in the Siberian interior. Previous to 1914, Irkutsk had been perhaps the largest commercial center in Siberia and with its many stores, museum, the university and a military barracks capable of housing thirty thousand men, was still regarded in 1919, in spite of paralyzed trade, as the metropolis of Siberia.

Upon his return to Vladivostok from the United States, Colonel Teusler had proceeded west to Irkutsk to confer with Major Manget regarding the reorganization of the Western Division. Upon his arrival there in the fall of 1919, a third Division was created and its headquarters established at Irkutsk. Miss Harrington was appointed acting chief nurse.

At Irkutsk, the commission established four large hospitals. One of the first of these was described by Miss Harrington in her September Report:

> The American Red Cross Hospital on Namanskaya Ulitza, with Christine Kemp in charge of it, is now caring for 223 patients, most of whom are wounded soldiers brought down from the Western Front. As the shortest time in which we have received them after they have started from the front is four weeks, the condition of some of them upon arrival is appalling. Even their bandages are alive with vermin and their garments in an unthinkable state. The surgical work done here (and our agreement with the Russian military authorities provides that we take only surgical cases) consists principally of re-amputations, amputations and drainage surgery of all kinds.
>
> The new Chapel ward of 46-bed capacity is reserved solely for convalescent Czechs and is a sunny, cheerful room, a joy

> to these men who deserve the best. . . . The American ward, reserved for male members of the American Red Cross personnel, the American engineers and the Y. M. C. A. and those of our Allies, holds an average of two or three patients, all grateful indeed for the homelike surroundings and the familiar medical and nursing methods.

A second American Red Cross hospital at Irkutsk was Division No. 2 of the Russian Military Hospital. The commission supplied here personnel and hospital supplies to carry on the clinic where 300 hospital patients and numerous out-patients had their wounds dressed daily; it also operated a surgical ward of sixty-two beds and a medical ward of twenty-six. Stephanie Pohle was chief nurse and Harriet Hunt in charge of the clinic. But it was up-hill work; in a report submitted on October 11 to the Finance Committee of the Central Division, Miss Harrington described the conditions existing in the Russian Military Hospital:

> On entering the hospital each morning, it is not the greatest inspiration to be greeted by the sight of dead bodies; then passing up the stairs and through the corridors thick with smoke and heavy with odors, to arrive at a floor where 300 patients are being housed. Ninety are in Red Cross wards, but two hundred and ten others receive hit-and-miss care; some of these have been lying for days without change of clothes on the floor in the same clothes which they had on over a month before at the front. Infected with typhus, carrying vermin as they are, they constitute a serious menace to the Russian and American personnel.

After heroic labors, Miss Pohle and her nurses rid the Russian Military Hospital of vermin and established more sanitary conditions.

The third American Red Cross hospital at Irkutsk was maintained for the benefit of wounded soldiers from the Czecho-Slovak Army. Lillian Craig Clark, an enrolled American Red Cross nurse, and three Czech aides formed the nursing staff.

The fourth hospital was located in five barracks at Military City, an encampment which lay some five *versts* from Irkutsk. Mabel Clare Blackmer, the former chief nurse of the short-lived Omsk Hospital, was chief nurse. The Military City Hospital, as it was called, was of four hundred bed capacity and

cared for the patients who were being constantly sent eastward from the west Siberian provinces before the on-coming Bolshevik armies.

An emergency dressing car was equipped at Irkutsk and set up in the main railroad station where from eighty to one hundred wounded soldiers and civilians en route eastward had their wounds re-dressed each day. Katherine Steelman and a Russian nurse were later assigned to duty there.

Directly opposite the main station at Irkutsk was established a large Red Cross dispensary, of twelve rooms, including a waiting-room, a small operating-room, a recovery room and an emergency typhus infirmary. Eva Smythe, the nurse who had organized Red Cross child welfare work at St. Étienne, France, was chief nurse and was aided by four other American Red Cross nurses.

As the Bolsheviki pressed eastward from Omsk in their fight for the control of the Trans-Siberian Railway, train after train filled with wounded and typhus-stricken Czech and Russian soldiers and refugees pulled into Irkutsk. On August 10, an American engineer stationed at Irkutsk wrote one of the nurses of the Siberian Commission:

> As a nurse, you will be interested in the Russian sanitary trains which run through this town at the rate of from three to six a day. Each train carried fully five hundred wounded or sick soldiers in a few sanitary and many box cars. From personal observation, I know that five young Russian girls took care of this number of sick and wounded on one train. Many of the men suffer from tuberculosis, typhus and chronic dysentery. Through an instinct of cleanliness, most cases of the latter disease try to leave the cars at every stop and are then so weak that they faint, falling under the cars, and have to be assisted aboard again. Every train takes off dead at each terminal. The supplies are so scarce here that not even a rag or a piece of paper can be spared to cover the faces of the dead. It is needless to tell you that such a state of affairs has been brought about by unsanitary conditions in the camps and the lack of suitable nourishment for the men.
>
> The Russian sanitary trains have no actual funds with which to buy supplies or foodstuffs and the officers have to rely entirely on the generosity of the public all along the line. The public has nothing to give. We are located in the very heart of the famine belt and see hungry men and lots of them. It's not pleasant to come face to face with this sort of thing,

> but it's tougher to see hungry women and it's plain hell to see hungry children. . . .

One of the first projects of the American Red Cross in Siberia had been the equipment and maintenance of sanitary trains for the Czech and Russian forces. At Irkutsk, an interesting experiment was made in 1919 in the assignment of American Red Cross nurses to one of these trains. In her September Report, Miss Harrington wrote:

> American Red Cross Sanitary Train No. 1 operates between Omsk and Verkhne-Udinsk and is made up of twenty-three cars. Two of our nurses, Vera Allen and Katherine Steelman, and ten Russian Sisters composed the nursing personnel on its initial trip. They carried nearly three hundred cases and did forty major operations en route. Some of the patients were unloaded at Irkutsk and the others at Verkhne-Udinsk and the train made the return trip to Omsk and the front without the American nurses.

The military situation, in Colonel Teusler's estimation, did not permit reassignment of American nurses to this precarious type of service.

Irkutsk was located on the western shore and Verkhne-Udinsk on the eastern shore of Lake Baikal. At Irkutsk were stationed some twenty-five thousand Czech soldiers and at Verkhne-Udinsk about 500 *versts* away, were numerous companies of Japanese troops and the 27th U. S. Infantry, which then numbered about eighteen hundred men. Since August, Irkutsk had been the dead-line for American Red Cross women personnel and, indeed, there were few of them there. The majority had been sent east through the tunnels of Lake Baikal to Verkhne-Udinsk. There was a possibility that the Red Guard might any day blow up the tunnels and cut the line of communication between the East and West. Of the military situation in the West, Miss Harrington wrote Miss Noyes in her October Report, dated, however, November 28:

> Since last week, the Western Division has ceased to exist. Omsk has fallen and the Red Guard has obtained a great deal of ammunition and supplies of all kinds. All of our Red Cross supply trains are now on this side of Novo-Nikolansk. Conditions here at Irkutsk were most serious last week and

> we have evacuated as many of our women as we can possibly spare, in order to get them east of the Baikal tunnels. Thirty-nine nurses, aides and clerical workers went east to Verkhne-Udinsk on a Red Cross special train and we have retained only enough here to carry on our work until the Russian Sisters arrive from Omsk. Consul General Harris and his staff are now at Irkutsk. His presence here reassures us, for he has his finger on the pulse of the political situation and now that Colonel Teusler has been called back to Vladivostok, he can advise us.
>
> Typhus is the great problem and peril here. One of our interpreters informed us that 25,000 cases of typhus had been registered among the soldiers alone in Innokentivskaya, just outside of Irkutsk. It is generally known that it was typhus among the white army that gave the Reds their victory at Omsk.

With large supplies at Verkhne-Udinsk and a considerable number of nurses and surgical cases, the commission in August established a hospital and a dispensary there. The American Red Cross Hospital was located in a one-story building which had formerly housed a department store. It was originally of two hundred and fifty bed capacity but was later increased to six hundred beds. Grace McIntyre was chief nurse.

In addition to Miss McIntyre's Hospital, the American Red Cross in Verkhne-Udinsk took over and maintained the Provost Guard Hospital and established an emergency typhus hospital of 1600 beds in twenty-eight warehouses. "General Seminoff," wrote Miss Harrington in her October Report to Miss Noyes, "wired that we could have the warehouses provided that we would take infectious cases. Typhus is everywhere." Florence Farmer was chief nurse of the Barracks Hospital for typhus patients.

Practically the only nursing aid which the Commission for Siberia gave to the American Expeditionary Forces in Siberia was the assignment of American Red Cross nurses to aid in an influenza epidemic which broke out in the fall of 1919 among American troops at Verkhne-Udinsk. The American Armies in Siberia had their own hospital facilities. Eight nurses of the commission were loaned to the American Military Establishment for duty at the U. S. Army Field Hospital at Verkhne-Udinsk. During the week of November 16, twelve others under the leadership of Sallie J. Bryant were assigned to Be-

rosvka, the winter quarters of the 27th U. S., and served there in U. S. Army Evacuation Hospital No. 17, of which Major Robert E. Parrish, Medical Corps, was then in command and Katherine C. Hannan, chief nurse. Of the work of Miss Bryant's detachment of nurses, Miss Harrington wrote Miss Noyes on December 16:

> At Berosvka, just outside of Verkhne-Udinsk, the nurses found two hundred very sick boys and managed in less than twenty-four hours to transform the hospital. Young inexperienced corpsmen had been in charge. The boys seemed to regard the arrival of the Red Cross nurses as a gift from Heaven, and under their care the epidemic was soon checked; not, however, before twenty-eight of our men had died. These new men are very young! One little fellow of fourteen cried so hard for his mother before his death.

Throughout the fall of 1919, the Red Armies had been gaining in the West and were pushing eastward toward Vladivostok. The American Armies were withdrawn from Irkutsk in December and with them went all American Red Cross personnel. Miss Harrington in her Report to the Finance Committee for the week ending December 30, 1919, wrote:

> On December 23, the Executive Committee informed the heads of all departments that they were to make preparations for the complete evacuation of their personnel. No definite time was set, but it was understood that we were to be prepared to leave within twenty-four hours. A communication was immediately sent to the American Red Cross Hospital on Namanskaya Ulitza and the Station where our personnel were on duty on the Emergency Dressing Car and Dispensary.
>
> The Divisional Manager stated in a communication dated December 24 that Russian Sisters who so desired would be taken on Red Cross evacuation trains as far east as Verkhne-Udinsk or Chita if they could prove that they had friends or relatives in either place, but that they must be off the trains, with all baggage, two hours after arrival at either station.
>
> Christmas Day found us all momentarily expecting the storm to break but endeavoring to maintain a holiday spirit becoming to foreigners in this land which has suffered beyond description. As you entered the brilliantly-lighted chapel wards of the Irkutsk Hospital and saw the trees, the gifts for

everyone, the festooned walls, the three Czech aides who were Santa Clauses, it was hard to realize that outside in the city proper there was neither electric light nor water, and that it was doomed to fall. . . .

On December 26 evacuation began at 9:00 A.M. All American Red Cross nursing activities at Division No. 1 of the Russian Military Hospital, at the Czecho-Slovanska Hospital and the Czecho-Surgical Hospital were brought to a close.

Baggage other than hand bags had already been sent to the trains in order that our departure might cause as little comment as possible among the Russian people, who were nearing the "panicky" stage anyhow. As the day drew to a close, only sixteen of our personnel had time to cross the pontoon bridge over the Angara, because of darkness, the rapid current and the huge cakes of ice brought down from the Baikal. . . .

December 27: The rest of the nursing personnel were evacuated to-day. As the last boatload of Red Crossers pulled out from the western shore of the Angara, the battle around the telegraph station in Irkutsk, just back of our former personnel house, began. . . .

For seven days, however, the American Red Cross evacuation trains waited in the Irkutsk Railroad Yards for final word from Consul General Harris to evacuate eastward. "The atmosphere was tense and rumors wild," wrote Miss Harrington in her Weekly Report ending January 7, 1920, "the yard workmen and railway employees had all been armed. Red Cross women personnel were required to stay near their own track and coupé, for at the least provocation a volley of bullets would come and might prove fatal to those innocently taking an airing. The nurses busied themselves," added Miss Harrington, "in sewing curtains for their coupés."

On January 3, the Americans evacuated Irkutsk, Consul General Harris' train went first, preceded by a Czech eschelon, or armored train. Next came the trains carrying American personnel. Each train left the yards at twenty-minute intervals and was preceded and followed by a Czech eschelon.

The nurses did not stay long at Verkhne-Udinsk. Miss Harrington wrote:

> Here we met Mrs. St. John, who had come up on Colonel Teusler's car and had already arranged for the evacuation of a large number of the American Red Cross personnel there. . . . Plans were immediately made to evacuate the others.

> They left on January 6, the nurses under the leadership of Florence Farmer. The others came later. . . .

On January 7, Mrs. St. John wrote Miss Noyes from Verkhne-Udinsk, just before the departure of the last train:

> The complete dissolution of any stable form of government in Siberia has made it impossible for us to carry on successfully any Red Cross work other than the distribution of warm clothing and relief supplies; with the growing military activities east of Baikal and the withdrawal of American troops from this section, it is impossible to keep our nurses or other women personnel east of Manchuria Station. This practically concentrates our work in Vladivostok, so far as the nurses are concerned. Because of this, I am instructing all the nurses from the west to prepare for early transportation home and have written Miss Tittman to ask that passage be secured for all excepting those needed for replacements in Vladivostok.
>
> You will be interested to know that apparently the Social Democrat movement in Irkutsk has been largely fostered by the Czechs and almost surely they are in more or less sympathetic contact with the somewhat modified Bolshevism of western Siberia. Here in Verkhne-Udinsk we are surrounded by Bolsheviki and this is true all the way east to the Amur Basin.
>
> With such conditions, the opposition offered by the Cossacks cannot be effective much longer and probably by the time this letter reaches you either Social Democracy or Bolshevism will rule Siberia to the environs of Vladivostok. You can easily see that for at least the next few months it would be impossible for the Red Cross to operate here successfully.
>
> The people will see us leave with real regret, but we will withdraw at a time when the Russians will have the least reason to criticize us for this action, and I am glad, if the work has to be discontinued in Siberia, that the break has come now.

The next terminal eastward from Verkhne-Udinsk was Chita and here the American Red Cross evacuation trains were held long enough for the personnel to distribute the supplies which had been brought into the city from the west on Train No. 27.

Margaret L. Matthew, then acting director of the Department of Civilian Relief in the Central Division, was in charge of the work, with Mrs. St. John and Miss Bridge as her assistants. Madame Semenoff placed at the disposal of the Red

Cross an old café, with shelves along the walls and counters running around the room; behind the café was a large courtyard which was well adapted for warehouse purposes and which could be easily guarded. The distribution began on January 16 and lasted until the 23rd. "The entire American Red Cross staff," wrote Miss Matthew, "volunteered to help in the distribution,—doctors, nurses, clerical workers and even the Railway engineers and the American Guard." The militia was called in to police the crowds but even they could not control them. "The street became a seething mass of humanity," wrote Miss Matthew, "and they crowded so as to endanger the glass windows of the café. It was then decided to allow the military to give out every day in each district headquarters fifty tickets for each of the six districts of the town, thus making three hundred tickets in all. This department gave out in the seven days 39,313 garments to 11,355 persons."

A carload of goods was distributed to the Railroad employees at Chita and a considerable amount of general supplies furnished to German, Austrian and Hungarian prisoners then interned at three camps nearby. Private lists numbering 253 needy families, which were sent in for Madame Semenoff's approval, were also filled. "Madame Semenoff," wrote Miss St. John to Miss Noyes, "is utterly fearless in visiting the typhus hospitals and prisons and when she finds orphaned and destitute children, she adopts them until they are claimed. She has a home for orphaned children opposite her own and when I visited it, I found it clean, well ordered and the children happy and, of course, devoted to her."

On January 23, the trains pulled out of Chita, and thus was closed the work of the American Red Cross in the Western and Central Divisions of Siberia. The personnel had started out rich in supplies, plans and enthusiasm, but had been able to accomplish little in comparison with the true needs of the country. The nurses had had scant opportunity to do the work for which they had gone out, but they had met the changing situations with equanimity. "You would have been proud of them," wrote Miss Harrington to Miss Noyes, "if you had seen their spirit and cheerful willingness to work through the upheaval, when the revolutionary forces were steadily pushing us eastward in wave after wave of evacuation among the nondescript mixture of convict, typhus and the so-called sanitary trains and the hordes of refugees."

By the first of April, 1920, practically all American Red Cross personnel had left Vladivostok, which was then under frank Bolshevik rule. Of the closing of the program Mrs. St. John wrote Miss Noyes on March 4:

> Two weeks before the Morskoi (Naval) Hospital was turned over to the Russians, the American nurses were withdrawn and it was then staffed entirely by Russian nurses and aides trained by us. I inspected the hospital during this period and found it well kept and reflecting in a satisfactory manner the training received under Miss Bethel's able administration. This hospital has been thoroughly equipped and is much improved since the Red Cross took it over in November, 1919.
>
> The American nurses in the Russian Island Hospital were withdrawn February 1 and the Russian nurses and aides are carrying on the work. . . .
>
> Miss Farmer has been appointed assistant to Dr. Coulter, chief of the Petrograd Children's Colony. She will probably be the only American Red Cross nurse from the commission who will remain in Siberia. . . . I think the transfer of these children back to their homes in Moscow and Petrograd one of the important questions with which the commission has to deal. Plans are ready to be developed to give them safe transportation provided conditions in central Russia make their return advisable. [This transfer was accomplished in the summer and autumn of 1920 under the auspices of the American Junior Red Cross.]
>
> Miss Harrington and her unit arrived from Harbin on February 6 on Consul General Harris' train and the majority of the nurses went immediately to the U. S. transport, which took them home. Miss Tittman left on February 28, but will remain in China and Japan for a few weeks. I will see her in Tokyo and ask her to bring you the final records and efficiency reports; she will go immediately to Washington. I expect to leave Vladivostok in about four days.

The continuation under Russian auspices of the Teaching Center and educational phases of the nursing service program has already been described.

Thus was closed American Red Cross nursing service in Siberia, a gallant attempt, albeit somewhat chaotic and short-lived, to implant in a land not yet ready to receive and nurture them, the standards and traditions of modern American nursing service.

CHAPTER X

AT NATIONAL HEADQUARTERS

Auxiliary Nursing Service—The Summer Months of 1918—The Influenza Epidemic—The Armistice is Signed

UNDER the main facts of history lie the human relationships of the participants and these relationships may be called the background against which the actual events stand out like the principal motifs in the design of a Persian rug. This background, when viewed in a changeable and uncertain light, often appears blurred and even distorted to different observers and each observer sees the details according to his own position and his own methods of observation. Yet the background as a whole forms a vital part of the pattern and must be taken into consideration if the pattern is to be described. Hence this chapter of this history will deal largely with these human relationships and their bearing upon the nursing situation of the European War. Yet it must be remembered that the true pattern of American war nursing, as developed and seen in the minds of American nursing leaders, was often blurred and distorted by war psychology.

"War is a savage state of society and it strikes at many things we have cherished," wrote an American Red Cross nurse serving in France. "I really have faith in the ultimate outcome, though I think that we must be ready to go through a black period at first." For the Nursing Service, this black period began to loom up early in 1918 and continued until the signing of the Armistice.

Three problems confronted Miss Delano and Miss Noyes during this important time: the needs of the nurses themselves; the needs of the Military Establishment; and ultimately, the needs of the civilian population.

The needs of the nurses themselves were the least perplexing. Existing regulations of the War and Navy Departments and the Red Cross gave to the Nursing Service the power to mobilize American Red Cross nurses into the Army and Navy and the

War Council appropriated the funds necessary to equip them; after this had been accomplished, the responsibility of the Red Cross ceased. For nurses in foreign service directly under the Red Cross, Miss Delano and Miss Noyes were concerned with organization difficulties previously described.

The second and the genuinely distressing problem was the military nursing needs and in certain aspects of this question Miss Delano stood alone, facing on the one hand the professional group of which she herself was a member and on the other, the untrained women of America who clamored for opportunity, through the American Red Cross, for war nursing service.

As the war progressed, the nursing needs of the Military Establishment and the available supply of graduate nurses grew more apparent to Army, Navy and Red Cross officials. The numbers of men in the Military Establishment were increasing to gigantic figures; the activities of the enemy and the resulting numbers of casualties to the Allies, were also increasing to an alarming degree, especially after the German offensive of March 21. During the spring of 1918, public, professional and military opinion upon the nursing situation crystallized into two groups: those who felt that the Military Establishment should include only professional nurses, and those who felt that the Military Establishment should include professional nurses and assistants or aides working under professional direction. On February 9, 1918, General Gorgas wrote to the Director General of Military Relief of the American Red Cross that "in my opinion it is highly advisable that measures be taken by the American Red Cross to carry out the plans already formulated by them to provide a large number of nurses' aides who may be used to supplement the nursing force in military hospitals should need arise. . . . The aides will be classed as civilian employees of the Medical Department at large and will be given a salary of $30 per month, with quarters, subsistence, the laundering of their uniforms while on duty in hospitals and the necessary traveling expenses when traveling under orders."

On Monday morning, February 18, Miss Goodrich assumed her duties in the Surgeon General's office. Late that week, she heard about the plan for utilization of Red Cross aides in military hospitals and she immediately took up the matter with Colonel Winford Smith, then chief of the Hospital Division on the Surgeon General's office, with the result that Colonel Smith asked the Red Cross to withhold the announcement re-

garding aides until Miss Goodrich and her assistant, Elizabeth Burgess, had had "time to study the situation in base hospitals and could make recommendations." [1]

On February 20, 1918, Colonel Smith wrote to Miss Delano:

> Referring to the request recently sent to you from this office requesting that steps be taken to inaugurate short courses for the training of nurses' aides or attendants, I am directed by the Surgeon General to request that for the present no steps be taken to put this plan in actual operation in the hospitals; in other words, it is desired to withhold announcements and circulars for a brief time until a report has been made as to the possibility and desirability of modifying this plan, or of accomplishing the same purpose in a different manner. It is expected that this report will be available within the next two weeks.
>
> This is not to be considered as a definite abandonment of the policy as indicated by the previous request, but is merely a delay in its execution until additional data are available.

Out of the study and recommendations of Miss Goodrich grew the plan for the Army School of Nursing and the question of utilizing the fifteen hundred aides already trained as personnel of the base hospital plan, and others to be trained by the Red Cross, was again "tabled," in spite of Miss Delano's efforts.

The proposed plan for the Army School evoked many differences of opinion within the medical and nursing professions. Discussion on this subject came to a head in the Twenty-fourth Annual Convention of the National League of Nursing Education, which met at Cleveland, May 7-11, 1918.

Three groups were represented at this convention: the nursing group, jealous for the maintenance of hard-won professional standards; the advocates for the supplementary volunteer nursing service; and the volunteers themselves, anxious to share in war nursing. The rank and file as well as the leaders of nursing represented the first group. Dr. S. S. Goldwater, superintendent of Mt. Sinai Hospital and chairman of the Committee on Hospitals of the General Medical Board of the Council of National Defense, was spokesman of the second group. In summing up the convention, Miss Palmer wrote in the editorial columns (June, 1918) of the *American Journal of Nursing:*

[1] See Twenty-fourth Annual Report of the League of Nursing Education, 1918.

> The two papers which were of greatest importance were those presented by Colonel Winford Smith in which he submitted plans for an Army School of Nursing, and by Dr. Goldwater, entitled "A Nursing Crisis," in which he advocated the employment of nurses' aides as they have been trained for the past three or four years through the education committees of the Red Cross. . . .

As the organization of the Army School of Nursing has already been set forth in a previous chapter, Colonel Smith's paper will not be given herewith. Dr. Goldwater told of the Surgeon General's plans for three hundred thousand hospital beds, stated that during the past year, the Army and Navy, with the help of the Red Cross and the active support of hospitals and nursing organizations, had been able to secure only one-fifth of the number of nurses needed and made the statement that "the country cannot spare the number of graduate nurses that the Army requires, nor can the training schools produce new graduates in sufficient numbers to satisfy the needs of the military and civilian population." [2]

After detailed discussion of the possibility of securing an adequate supply of graduate nurses from those already trained; of increasing the supply of student nurses in schools; of utilizing "practical nurses" in the Army; and of the establishment of the Army School of Nursing, Dr. Goldwater made the following recommendation:

> I come finally to what appears to me to be the safest and best way out,—in fact, the only way out, namely, the training of a large number of non-professional, voluntary, war nursing aides, enlisted for the period of the war only and composed of a class which will not take up nursing professionally under any circumstances, but which is willing to give gratuitous hospital service during the emergency. . . . The women I have in mind belong wholly or almost wholly to the leisure class. They are now contributing nothing to the efficiency of the nation or to the success of the war; yet they are strong, healthy, patriotic and willing. *They are the only labor reserves that the country possesses and they can be brought into the nursing field without lessening the available supply of workers for any essential industry.* . . .[3]

[2] Twenty-fourth Annual Report, N. L. N. E., pp. 132-133.
[3] *Ibid.*, pp. 138-139.

On the following day Miss Delano addressed the convention on "the Red Cross Aide Versus the Short-term Course" and her words are significant to every student of military nursing service, both professional and volunteer. She said that the idea of Red Cross service had developed out of war experience; that the "aim of Red Cross societies was primarily to coördinate and develop the volunteer service of the world;" that the American Red Cross had chosen to develop a professional nursing service thinking that this service would afford the most efficient nursing care to the American Military Establishment; and that the development of this professional nursing service had been entrusted in 1909 to the American nursing profession.

The American Red Cross Nursing Service thus stood alone among the nursing services of national Red Cross societies and this professional foundation evoked, it may be frankly admitted, considerable criticism. Miss Delano continued:

> I confess that this attitude of the American Red Cross was viewed with more or less suspicion by many of the countries signatory to the Geneva Treaty. It was an innovation. . . .
>
> About five years ago [1912] there was held in the city of Washington an international conference of the Red Cross organizations of the world. I had the honor to be a delegate to that convention. Nursing questions were discussed more or less throughout the entire convention, because the supplying of the service of nurses in time of war was always recognized as the chief function of the Red Cross. . . . The fact that we built the service up entirely on professional service, which is of necessity expensive and which is restricted in certain ways as it deprives the women of the country of the service which they have considered from time immemorial *their right,* this plan of ours was viewed with more or less suspicion, especially by the women of France, who believed that their plan was far superior to ours. . . . In this international conference the American Red Cross,—not the nursing department but the American Red Cross of the United States,—asked itself whether it had done all that it should do to provide for the needs of war. . . .

Here followed in Miss Delano's words a description of the project which has been briefly alluded to previously, with reference to Miss Marion Oliver's work in organizing groups of lay workers, resembling the British system of Voluntary Aid Detachments. Miss Delano continued:

> An officer of the Medical Corps of the Army then assigned to Red Cross service was sent to Europe during the summer following the International Convention to study the nursing service of the European countries, especially England. He came back in the late summer to recommend to the Executive Committee of the American Red Cross that an organization of women should be built up in this country along the same lines as the Voluntary Aid Detachments in England. The course was planned out, a circular concerning this work was printed and the whole plan was laid out, to be put into operation in this country.
>
> I felt that our nursing standards were absolutely threatened, that our Nursing Service would be of no avail with these groups of women unrelated to us, organized by physicians, taught by physicians, serving under their guidance, their own leaders . . . that our Nursing Service was seriously threatened and that our nursing standards might all go by the board. . . .

Miss Delano then explained how she had called the National Committee together (on November 14, 1912, in New York City) and had laid the situation before them. Miss Maxwell, Mrs. Tice, Miss Nevins, Miss Nutting, Miss Goodrich, Miss Nichols, Miss McIsaac, Miss Palmer and Miss Wald had been present.[4] Miss Delano recounted the results of that meeting:

> The whole question of the organization of the Voluntary Aid Detachment was discussed at length and I stood then positively opposed to it. I told the Red Cross that if this plan were put through that I should at once sever my connection with the Red Cross; that I believed that every member of the National Committee and every member of the State and Local Committees would go out with me. That, to the Red Cross at that time, was an unanswerable argument and it was, I assure you, . . . a difficult thing to convince them that this plan should be set aside and they should turn it over bodily to us to develop. We took from them that day the responsibility for the development of the auxiliary nursing service of the American Red Cross.
>
> I consider that practically a pledge, a promise, and for five years we have developed that auxiliary service. We have built up every step of the way, detail after detail. We never

[4] For further details, see Minutes of the National Committee on Red Cross Nursing Service; also the *American Journal of Nursing*, December, 1912.

had one single interference or one word of suggestion from the Red Cross regarding the work. Absolutely no pressure has been brought to bear upon us to modify or to change or to alter one iota or one tittle of the plan. It has been our plan. It was indeed the plan of the Red Cross and in every step that I took in the development of the service I was guided absolutely by the National Committee, representing first the American Nurses' Association and second equal representation from the three national organizations of nurses. Even the name . . . Volunteer Nurses' Aide, was selected by the Committee after careful discussion . . . but more than that, the women of this country accepted our leadership.[5]

Miss Delano then explained how the course of instruction in Home Hygiene and Care of the Sick had been used as a basis of selection for the groups of laywomen and how the hospital training of nurses' aides for the base hospital units, had been the next step. At every move, the plans for the development of the service were discussed with leaders of the nursing profession then serving as members of the National Committee on Red Cross Nursing Service. Miss Delano said further:

I hold no brief for nurses' aides as such, but I do hold a brief for your obligations and giving your word and then standing by it. For I am absolutely in sympathy with any plan that will help meet the needs of the country to-day. The Red Cross stands ready to coöperate, in any way possible, in any plan which the Surgeon General adopts to meet the needs of the military hospitals to-day. . . . But I do not believe that any plan suggested now would relieve us of the obligation which we definitely assumed five years ago and I believe that the nursing profession will stand reproached by the people of America if they repudiate the responsibilities which they fought to secure.

I have expressed myself as entirely willing to put all the resources of the Red Cross,—and the resources of the Red Cross to-day are not insignificant,— . . . at the disposal of the Army, to coöperate in any plan that the Surgeon General brings forward. We shall go forward with just as much zeal and help in securing a staff for training schools if this should be thought necessary to be done, as we were in trying to provide aides for this service. . . . It is not at all a question for us of one thing as against the other. We are willing to

[5] Twenty-fourth Annual Report of the League of Nursing Education, pp. 162-163.

> help in any way we can, in any way we possibly can. But I shall never, so long as I stand at the head of the Red Cross Nursing Service, repudiate the solemn obligation we have assumed.[6]

Miss Delano then stated her opinion of the proposed Army School of Nursing:

> Personally, I do not believe that the establishment of a training service will meet the needs. I do not believe it can be put into operation quickly and promptly enough to meet the need when our troops, who are now in service, are brought back to this country. I do not say by that that I disapprove of the idea of a training service or of trying it. I think it is worth while to try anything that will meet the emergency when it comes, because it is surely coming.
>
> If it be schools, in carefully selected places, I say let's try and get students for them. I feel that it is for the Nurses' Association and those who are more familiar with the influence of training schools to-day to decide whether this question of the Army training schools is going to be a greater menace than the selection of the nurses' aides for training. I do not pass on that. It is a technical question. . . . But I do feel that there is a place in the small hospital for hands and for feet more or less trained. . . .[7]

Although Miss Delano was primarily a nurse and regarded herself as the representative in the Red Cross of the American Nurses' Association, she presented at this meeting in part the continental point of view and thus sponsored the cause of the laywoman. "To help win the war and to give adequate care to the sick and wounded," wrote Miss Palmer in the *Journal*, "was her religion from the day that war was declared. Next to that came her aspiration to have the rank and file of the American Nurses' Association satisfied with her work as their representative in the Red Cross. . . ."

Miss Delano's next words expressed, in part, this intense and earnest patriotism which lighted her whole Red Cross service:

> What I want to-day is for the nurses of the country to forget everything except the importance of the need at this

[6] Twenty-fourth Annual Report, N. L. N. E., p. 165.
[7] *Ibid.*, p. 166.

time. If we can meet it one way, let's move heaven and earth to meet it that way. If that is not enough, let us be broad-minded and meet it any way we can.

Miss Delano then discussed the possibility of securing enough graduate nurses; the possibility of securing transportation overseas for these nurses; the wisdom and necessity of holding these nurses in military base hospitals in France, where they might perhaps be idle for months in order that when an unexpected drive occurred and the wounded were sent back to the bases, they might be on hand and prepared to nurse the men. She next brought up the utilization of soldier-orderlies in hospitals. She said:

> No one speaks of the able-bodied men in the hospitals. Nobody tells you that to-day there are 115,000 able-bodied, strong men in the Army hospitals alone, doing work for which they are not in any way fitted or trained or prepared,—115,000 able-bodied men doing very hard work in military hospitals, running and waiting on patients more or less efficiently. We are talking about 10,000 nurses whom we have in the Army hospitals but we forget that for the 10,000 women we have 115,000 able-bodied men. The Surgeon General in my office the other day spoke about that very question. He said he was anxious for the number of able-bodied men serving in military hospitals instead of out learning to fight. And these men are the pick of the nation, all young, able-bodied, strong, ambitious men, like a lot of running horses tied down to drawing carts. It is not right.
>
> Those men, I believe, should be replaced by women. . . . Now, I say, let us provide the supervision of the finest women we can find, and let us supplement that force with women trained or in process of being trained, so that these 115,000 men, or at least a large proportion of them, can be sent out to training and commissions. Doesn't that sound reasonable? . . .
>
> For I cannot believe that we should use at this time the services of our graduate nurses to sit down and feed our helpless men in the war; I believe that women of common sense or judgment, a student or aide or whatever she is, could do those services acceptably and that a very grave responsibility will rest upon us if ultimately we prevent from drawing into the hospitals a sufficient number of women, trained students or aides, to meet the military needs.[8]

[8] Twenty-fourth Annual Report, N. L. N. E., pp. 167-169.

Miss Delano closed her address with a plea for the lay aides:

> As far as the Red Cross is concerned, we have nothing to recommend. We stand ready to coöperate with any plan brought forward by the Surgeon General. The only point that I think important, and I will make, is that we are not fair to the women of this country if we say absolutely after five years of building up a service for them and they are not yet accepted to-day,—if we say, "we will have none of you."
>
> I think we have prejudiced our profession in the minds of the public by this attitude more than by anything that has ever happened. I have heard things that might never come to the ears of others and I know that there is underneath, in the spirit of the women of this country, a feeling that they have been dealt with most unfairly; and I assure you that I will not take part in anything that eliminates absolutely the women of this country whose loved ones are serving in France.[9]

Miss Delano left the platform and immediately the president of the National League of Nursing Education called upon Miss Goodrich to present her "Plan for the Army School of Nursing." Miss Goodrich spoke with her usual brilliant powers. The chairman then called for discussion and a spirited rebuttal took place. Finally Miss Nutting threw her influence as a well-loved and trusted leader toward the acceptance of Miss Goodrich's plan.

The nursing profession may well be said to have stood, on this May morning, at the cross-roads. Miss Goodrich beckoned at one fork for them to follow her, Miss Delano at the other. The tension of the meeting had grown very high. After further discussion, the chairman put the question to a vote. Miss Powell moved "that the Army School of Nursing as planned by Miss Goodrich be endorsed by the three organizations," the motion was amended to read "as planned by the committee" and was passed. This endorsement of the Army School by the three national organizations of nursing was sent to Washington, the Secretary of War approved the plan on May 24, 1918, and the development of the School was immediately begun.[10]

[9] Twenty-fourth Annual Report, N. L. N. E., p. 169.

[10] On May 10, 1918, a meeting of the National Committee on Red Cross Nursing Service was held in Cleveland and this whole question was again discussed. The Minutes of the meeting record that Miss Nutting moved "that the members of the National Committee give their support to the

On June 8, 1918, Miss Delano wrote to Miss Palmer, editor of the *Journal:*

> The discussions concerning the Army School for Nurses' Aides seems to have developed into very much of a feud . . . with Colonel Smith, Miss Goodrich and followers representing one side and Dr. Goldwater and his followers, largely the American Hospital Association, on the other side. I am kept busy trying to steer my craft between the breakers, believing as I do that both sides are right and both sides are wrong. With your understanding mind, you will know what I mean.
>
> I believe the school idea a good thing to try out and one more way to help meet the need and if carried out along pretty definite lines and with definite affiliations with civilian schools, ought not to disrupt the training schools of the country.
>
> On the other hand, I believe we are entirely justified in using women who are past the age for admission to this school for minor positions in military hospitals, such as the care of linen rooms, serving diets, feeding of patients and a thousand and one details which our graduate nurses have no time to do. . . .

On July 22, 1918, General Gorgas wrote to Mr. Davison:

> Understanding that General Noble told you when at Camp Meade the other day something of our recently established Army School of Nursing, I am enclosing a report of the committee appointed to prepare the plan of the school, which may interest you. With comparatively little publicity, a very great interest has been aroused and we have not only received over 10,000 letters of inquiry from would-be candidates, but have actually on file over 1000 completed applications a large majority of which meet our requirements for admission.
>
> May I say that we are indebted for this enrollment in no small measure to the various Red Cross Divisions and Chapters throughout the country that have constantly recruited for us. It is my belief that this hearty response to the appeal of the school, together with the recruiting drive for a student reserve body of 25,000 which, as you know, the Woman's Committee of National Defense with the endorsement of the Red Cross and this office is undertaking, to provide an increased number of students for the civil hospitals, as well as

proposed Army School in military hospitals and that they bend all efforts to bring it into existence, leaving the question of aides in abeyance until this is settled." This motion was seconded and carried.

the military, will meet our arising needs and that we need not further consider the preparation of aides through shorter and more superficial courses. It is obvious that should the supply of graduate nurses prove inadequate for the overseas service, this student group will render the most satisfactory service and will be the next to go.

I understand that you are preparing aides to supplement the work of the public health nurses in France and Italy. In order not to deflect desirable students from the more constructive and comprehensive preparation provided through the Army School of Nursing, and also to avoid any misunderstanding and disappointment on the part of the young women taking these courses, may I ask you to direct those in charge of this branch of work, especially those who are concerned with the publicity, to make it clear to these students that these courses will not lead to a nursing service in the Army.

By November, 1918, the Army School had 1099 students on duty in twenty-five military hospitals in the United States, 567 more waiting assignment and a total of 10,689 applications filed.

The rejection of her proposal for the utilization of Red Cross aides, as contained in the endorsement of the Army School by the American Nurses' Association at the Cleveland meeting, may be said to have marked the crisis of Miss Delano's professional career. For the first time, the rank and file of nurses had not followed her. Unquestionably, pressure had been brought to bear on the Red Cross from influential groups outside of the organization. Miss Delano's words show that she felt that the nursing profession, in its continued rejection of lay assistance, was not true to the trust which the National Committee had assumed. In this meeting, Miss Delano had carried her cause into the open, had defended and lost it.

On the other hand, the strong professional group may have thought they saw in Miss Delano's championship of the lay-worker a desertion of the fundamental principles of the nursing profession, a bending before the winds of Red Cross opinion. The principle of the sentimentalist versus the trained worker, as old as American war nursing, had raised its head again and nurses may have thought they saw in Miss Delano a recently won but powerful ally of the traditional influence of the continental Red Cross societies, so inhibiting to efficient nursing

service. Miss Nutting and Miss Goodrich had spent their lives in trying to better the standards of nursing education; their words spoken at the May meeting show that they did not possess sufficient knowledge of the military and nursing situation overseas to recognize the seriousness of the existing shortage of nurses, a shortage which was then estimated at 1121 nurses. This was the time when the statement was made in the Chief Surgeon's office that "a breakdown in medical service was threatened" and on May 3 a cable had been sent to the War Department asking for the immediate dispatch of 555 nurses, but even with these reënforcements, it is hard to conceive how the War Department could have thought that a nursing service overseas of some twenty-five hundred nurses would be able to care for the casualties of the then clearly anticipated offensives of May, June and July.

Because of the Surgeon General's call for fifty thousand nurses by June 1, 1919, Miss Delano felt that it was highly unsafe to trust to a slow, constructive up-building of an educational system like the Army School; she felt that it was even then a time for emergency action. On the other hand, Miss Nutting and Miss Goodrich did not think the military crisis as imminent as it really was and in view of their long struggle for nursing advancement and standards, it can readily be understood how they should have continued to lay the greatest emphasis upon phases of nursing education.

As for Miss Delano, the Cleveland meeting marked her last public appearance before the nursing profession and in the memories of thousands of nurses her image as she appeared that day was indelibly stamped. For the remaining eleven months of her life, Miss Delano kept her own councils. However, it was not during these last months that she was first called politic. She had always been a silent woman, talking little to her sister nurses regarding her hopes and plans. Among them, however, a strong fraternal spirit of inter-reliance and confidence had developed; pioneers all of them and intensely eager, they had shared their hopes and the stories of their struggles with each other, but Miss Delano had never taken them fully into her confidence. Because they did not know her well, perhaps because they were not given the chance to know her well, they distrusted her to some extent. However, it is undoubtedly true that the nursing and general public did not seem to appreciate, in the spring and summer of 1918, the real and impera-

tive need for immediate reënforcement of the nursing service as Miss Delano appeared to know or at least to sense it. The War Department could not make public the true sanitary situation in France in May and June of 1918. Miss Delano, however, had been for ten years a student of sanitary theory and practice and with that uncanny gift called vision, she was able to look ahead and visualize the conditions which later existed in military hospitals in the zone of the base and the advance, conditions already described in preceding chapters. Many of her listeners that May morning in Cleveland must have felt that she was taking an unduly pessimistic view of the situation. Yet on that May morning she was like a prophet crying in the wilderness—with voice not heeded.

To the student of history the whole controversy well illustrates the irony and even the tragedy of war. On the days when the nursing profession was preparing to argue these theories at the Cleveland meeting, the Germans had struck their second great blow on the Western Front, this time in the Armentières sector; they had advanced seventeen miles up the Lys valley, had finally been repulsed and during the first three weeks of May were massing their forces for their third major offensive, an offensive during which the fate of Paris and the Allied cause hung in the balance. Knowledge of the extreme military crisis, however, was then not fully known or made public, and indeed neither student nurses nor Red Cross aides nor all the graduates then in civilian hospitals in the United States could have relieved the nursing shortage existing late in May and early in June in France—for there were no ships available to carry them overseas. Throughout the last year of the European War and especially during the summer of 1918, many hundreds of nurses were kept marking time at Ellis Island, because precedence in transportation was necessarily given to combat troops and supplies.

"We'll do it another way!" Miss Delano declared after the Cleveland meeting had adjourned. Following the acceptance of the Army School as a substitute for her plan of utilizing Red Cross aides to supplement professional military nursing service, the recruiting of a sufficient number of graduate nurses to meet the military needs seemed to Miss Delano the only way out. This was the first duty of the Red Cross Nursing Service and Miss Delano knew that the executives at National Headquarters would put no obstacles in the way of her purposes and

plans. She knew that she possessed the complete confidence of the War Council, for once Mr. Davison had said: "Do as you think best, Miss Delano. Keep us informed of your general plans and of the money you need, but go ahead yourself. Even if you make mistakes, you know more about Red Cross nursing than any other woman or man we could get to handle it."

Miss Delano and her associates returned to Washington and to Division headquarters and during the torrid summer months flung themselves into the recruiting of graduate nurses. She and Miss Noyes built up an office force at National Headquarters of over one hundred persons. The Division staffs were enlarged and the entire Red Cross Nursing Service, with its State and Local Committees, bent its energies almost solely to securing graduate nurses.

The total number of nurses needed was divided into thirteen parts and a quota, based upon the nursing resources of each locality, was given to each Division Director of Nursing and she was charged with the responsibility of securing her quota. The following statistical table is of interest:

	Assignments			
	First Allotment	*Assignments to August 1*	*Allotment Still Due*	
Atlantic	5708	2600	3108	45%
Central	3940	2311	1629	58%
Gulf	864	324	540	37%
Lake	2748	1205	1543	43%
Mountain	264	221	43	83%
New England	3318	1360	1958	41%
Northern	1165	598	567	50%
Northwestern	641	386	255	60%
Pacific	1036	899	187	87%
Pennsylvania	2154	1302	852	60%
Potomac	1366	764	602	56%
Southern	1371	382	989	28%
Southwestern	2425	995	1430	41%

The effects of the "nurses' drive" have been given in a previous chapter. For the five months beginning July 1 and ending December 1, 11,118 nurses were enrolled, an average of 2220 nurses a month. In one month alone of that historic summer, the American Red Cross secured and assigned to the Military Establishment over twice as many graduate nurses as there

were students supplied by the Army School during the entire period of hostilities.

In July, 1918, the Comptroller of the United States Treasury rendered to the Secretary of War a decision of injustice to Army nurses. Information as to this ruling and its possible effect upon the nursing situation was contained in the following letter of protest written on August 31 by Miss Noyes, as president of the American Nurses' Association, to the Honorable W. W. Warwick, comptroller of the U. S. Treasury:

> On July 16, you rendered a decision to the Secretary of War to the effect that members of the Army Nurse Corps who may be taken as prisoners of war are not entitled to pay during captivity.
>
> I feel sure that you were not familiar with the history of the organization of the Army Nurse Corps and its legal relation to the Army, when you rendered this decision. As president of the American Nurses' Association, which is affiliated with the Red Cross and assumed with it the responsibility of organizing the graduate nurses of this country as a reserve of the regular Army Nurse Corps, I was filled with dismay when I read your decision.
>
> Rendered at a time when the Government was appealing for a thousand nurses a week for service with the Army, your decision could not help but be destructive to their enrollment. It is therefore a vital blow at the welfare of our soldiers.
>
> Approximately fifteen thousand nurses are in service with the Army and Navy. These nurses who have already entered the service and those about to enroll should have every assurance that the government is ready to protect them in their hazardous work and safeguard them in their statutory rights. Will you not be willing to give them this assurance?

On September 27 a decision was rendered by the Comptroller of the Treasury which reversed the ruling of July 16. It was addressed to the Secretary of War and contained the following paragraphs:

> In view of unusual conditions that have arisen, I am of the opinion that from the time any member of the Army Nurse Corps is a prisoner of war held by the enemy, without fault on her part as to her capture, her absence from duty should be excused as unavoidable and she be treated as in a full pay status.

> The decision of July 16, 1918, is modified accordingly.
>
> As to field clerks and members of the Army Nurse Corps reported "missing," my decision is similar to that given in the cases of officers and enlisted men reported "missing" (25 Comp. Dec., 36) and is as follows: No definite general rule that shall cover pay of field clerks and members of the Army Nurse Corps reported "missing" in action or otherwise missing shall be formulated. "Their pay should be withheld until their status can be definitely ascertained. In case no information establishing their status can be obtained, individual cases must be considered on their merit and determined upon such evidence as may be obtainable." [11]

Another trying condition which Miss Noyes met was the refusal of wealthy chronic patients, some of whom were in health good enough to permit them to go to their offices every day, to give up their private nurses. Another minor difficulty was encountered in the protests of doctors who refused to release for military service office nurses whom they wished to retain to hold their practice together while they themselves went into the Army. Protests also came from owners of small private hospitals, who refused to give up their graduate special nurses. In this respect, however, many small private hospitals were patriotic enough to close their doors entirely for the period of the war.

On August 1 the Surgeon General issued his historic call for a "thousand nurses a week for a period of eight weeks." The strain at National Headquarters grew intense. Moreover, Washington was overcrowded and was suffering from record-breaking heat. In a letter addressed September 5 to Miss De Long in Italy, Miss Noyes wrote:

> The work at National Headquarters has never been so difficult and is now overwhelming us. The demand for one thousand nurses a week by the Surgeon General has made it necessary for everyone to buckle down to work from one end of the United States to the other in order to rout out every possible nurse from her hiding place.
>
> We have done a tremendous piece of work. Yesterday we sent the papers of 124 nurses to the War Department, the day before 132, and they average 96 per day. There will be no nurses left in civil life if we keep on at this rate. . . .

[11] Decisions of the Comptroller, U. S. Treasury, Army Field Clerks, A. G. O., 221.51; p. 6.

> There seems to be an impression abroad that the war may end in 1919.

At this critical moment an unfortunate newspaper article had a definitely inhibiting effect on recruiting. A personal interview with the chairman of the Committee on Nursing of the Council of National Defense was so written as to sound official and unduly optimistic. Lest the impression given by this article should deter nurses from entering military service, the Acting Surgeon General of the Army issued a public statement of the actual nursing conditions and also stated it in a letter written September 7 to Major Franklin Martin, then chairman of the Medical Board, Council of National Defense:

> At least 25,000 graduate nurses will be needed by January or as soon as they can possibly be obtained. There are at present somewhat over 16,000 graduate nurses on duty at home and abroad. This number by no means meets the need of the present situation, owing to the fact that large numbers of troops are being sent overseas weekly. The Red Cross reports that over 9000 additional graduate nurses must be enrolled before January 1 to meet this need. In the Atlantic Division alone, which includes New York City, 2452 additional nurses must be enrolled to complete their quota. It will be impossible for the Army School of Nursing to be of any great assistance in solving the nursing problem of military hospitals during the present year. Only 221 students have as yet been assigned to seven (7) cantonment hospitals and 105 additional are under orders to proceed, but they cannot be relied upon to take the place of graduate nurses, as they are expected to serve a four months' probation with only a limited number of hours in the wards of the hospital during this probationary period.
>
> It is requested that such action as may be necessary be taken to correct this statement, in order that the public and the nurses may be informed of the true situation and that the work of recruiting nurses shall not be interfered with. . . .

This incident was also of some importance in that it illustrated the danger of misunderstanding which may arise when two national committees such as the Committee on Nursing of the Council of National Defense and the National Committee on Red Cross Nursing Service were both operating in the field.

In the fall of 1918 the nursing needs of the civilian popula-

tion engulfed the American Red Cross. Late in August, Spanish influenza broke out among the men of the Navy Receiving Ship in Boston Harbor and swept across the United States during September and October. The first call for Red Cross assistance came on September 14 from the United States Public Health Service, for nursing personnel for the Quarantine Station, Boston Harbor. Almost simultaneously, calls began to come in from all parts of New England and from Washington, D. C. Within a few weeks the infection had become pandemic in the eastern cantonments and spread from the soldiers to the civilian population and thence westward. One thousand nurses, it will be remembered, had been withdrawn from the cantonment nursing staffs and had arrived in August in France. True, the American Red Cross had sent the papers of 2700 additional nurses to the Surgeon General's office in August alone, but it took some time to assimilate these nurses into the Military Establishment. On September 7 the Army School had only 221 students on duty in seven cantonment hospitals, according to the Acting Surgeon General's letter of September 7 addressed to Dr. Martin. These students were "green probationers" and it was estimated that it would take four months of training before their services would be of material value. The truly desperate condition which existed in the cantonment and Naval hospitals during that memorable September and October of 1918 has already been described. Colonel Ayres wrote:

> More than 40,000 died of pneumonia. Of these, probably 25,000 resulted from the influenza-pneumonia pandemic which swept through every camp and cantonment in this country and caused thousands of deaths in the Expeditionary Forces. Up to September 14, 1918, only 9840 deaths from disease had occurred in the Army and the death rate for the period of the war up to that time was only 5 per year for each 1000 men.
>
> During the eight weeks from September 14 to the 8th of November, 316,089 cases of influenza and 53,449 of pneumonia were reported among troops in this country. The explosive character of the epidemic is shown in diagram 56: [83.6% of the total deaths were from pneumonia]. It reached its high point the second week in October, when four out of every 1000 troops under arms in this country died. . . .[12]

[12] "The War with Germany," pp. 125-126.

The situation among the civilian population was equally critical and responsibility for aid was vested in the United States Public Health Service and the American Red Cross. At National Headquarters a meeting was called at which were present representatives of the Surgeon Generals of the Army, the Navy and the Public Health Service and of the Red Cross and a preliminary plan for affording nursing relief was formulated. Miss Delano was then in Atlantic City attending a meeting of the American Hospital Association, so Miss Noyes drew up the plans for the mobilization of nursing resources and throughout the pandemic carried all national details regarding nursing relief.

National Headquarters was of course the center to which the nursing needs of the entire country came. National *morale* was already under a heavy war strain and the confessed lack of medical knowledge regarding the nature of the disease fanned the flames of public alarm. Many hundreds of nurses in civilian and military service themselves came down with the disease and the calls for nurses increased proportionately. By long distance telephone, by telegraph and personal interviews with Miss Noyes, State health officials, Army officers, heads of civilian hospitals and particularly men in charge of industries, importuned National Headquarters: "If you cannot send us nurses," they affirmed, "our men will all come down with the flu and production will stop."

On September 24 Miss Noyes wired the Division Directors of Nursing to mobilize all Home Defense nurses for emergency duty to meet the situation. The assignment to influenza work of nurses who were being mobilized for military service was to be avoided as long as possible. No Division was permitted to recruit nurses from other Divisions without conferring with National Headquarters. Nurses not enrolled in the Red Cross Nursing Service, attendants, practical nurses and laywomen volunteers who had taken the Red Cross course in Home Hygiene and Care of the Sick, were to be assigned to duty under the direction of enrolled Red Cross nurses. All Local Committees on Red Cross Nursing Service were to be called upon immediately for recruiting nursing personnel. In every Division Department of Nursing, additional clerical assistance was to be secured and masks made in the Chapters for use in Army cantonment hospitals. Complete records of all assignments were also to be kept.

The need for nurses daily grew more imperative. On September 27 Miss Noyes telegraphed to all Division Directors of Nursing:

> We should like you to organize in your Division one or more mobile units of ten to fifteen nursing personnel to be sent to other localities if necessary. Place competent Home Defense nurse in charge and authorize her to secure assistants, undergraduates, attendants, or nurses' aides and prepare them for instant service.

Several days later the general manager appointed a National Committee on Influenza, which was composed of the directors of the departments at National Headquarters, with W. Frank Persons, then Director General of Civilian Relief, as chairman. On October 1, Rupert Blue, Surgeon General of the U. S. Public Health Service, vested in the Red Cross the following responsibility:

> In order that all available resources may be utilized to the best advantage in combating the present epidemic of influenza, I have the honor to make the following recommendation in regard to the participation of your organization in this campaign:
>
> 1. That the Red Cross assume charge of supplying all the needed nursing personnel and pay the salary and other expenses connected with the detail of such personnel for work during the present epidemic.
> 2. That the Red Cross furnish emergency supplies, when it is found that local authorities are unable to furnish such supplies with the promptness required by existing circumstances.

On the same day, the War Council appropriated $575,000 for influenza relief and the entire Red Cross organization, in Washington and in the field, set to work to combat this most virulent of any pandemic which had hitherto attacked the country.

The coöperation between the Federal Public Health Service and the American Red Cross was outlined in the following Plan, issued October 3:

> 1. That the Red Cross should assume charge of supplying needed personnel and will pay salaries and other expenses

connected with detail of such personnel for work during the present epidemic.

2. That the Red Cross will furnish emergency hospital supplies when local authorities are unable to furnish such supplies with the promptness required by existing circumstances.
3. The United States Public Health Service will gather facts about the spread of this disease and the adequacy of existing resources and will determine when and where to send additional nursing personnel and emergency hospital supplies and to what person the nursing personnel shall report and such supplies be delivered.
4. The Public Health Service will decide when any such nursing personnel and supplies have served the emergent purpose and may be transferred to some other place for further duty.
5. The Nursing Department of the Red Cross will have full charge of enrolling and assigning all nursing personnel as requested by the Surgeon General and will also determine their salaries and other compensation. In this connection it is important to add that the widespread call for nurses and the obligations of the Nursing Service to supply nurses also for the Army and Navy render it imperatively necessary that the Nursing Department shall, through its own officers and committees under the direction of the head of the Department, be and remain in full charge of this part of the program.
6. The United States Public Health Service will conduct all necessary dealings with the state and the local boards of health concerning all the above matters and the Divisional offices of the Red Cross will act in providing nursing personnel and in furnishing supplies only upon the request of the Federal Public Health Service.
7. The United States Public Health Service will mobilize all needed doctors.
8. The United States Public Health Service will from time to time ask the Red Cross through the usual channels to distribute official statements issued by the former concerning means of prevention and methods of care of this disease.
9. All general publicity concerning the part of the Red Cross in this program and all general directions concerning the use of the Red Cross resources except the enrollment and assignment of nursing personnel will be issued by the chairman of the Red Cross National Committee on Influenza.

Development of this general plan for further mobilization of the Red Cross for emergency relief was authorized during the next few days. Each Red Cross Chapter was instructed to organize immediately a Chapter Committee on Influenza, consisting preferably of the chairman of the Chapter, a leading physician, a representative of the Local Committee on Red Cross Nursing Service where one existed, the chairman of the Chapter Committee on Nursing Activities, the chairman of the Home Service Section, and such additional members as were deemed necessary. This committee was instructed to work in close coöperation with the local public health officer, making a survey of available nursing personnel and hospital supplies within its jurisdiction. Only at request of the local health officer and in consultation with the Division office, however, were these nurses and supplies to be mobilized to meet local needs.

A Division Committee on Influenza was also appointed, made up of the Division Manager, the Division Directors of Civilian and Military Relief, Nursing, Supplies, Accounts and Chapter Production. After issuing this general plan for mobilization of all Red Cross resources, the National Committee on Influenza left its further developments, excepting where questions of policy arose, to the judgment of the Division and Local committees. The educational campaign was developed largely by the United States Public Health Service.

The medical and nursing relief afforded by the Red Cross to the civilian population in large cities, industrial centers, small towns, and rural and isolated communities was probably as extensive as has ever been offered by any Red Cross society in any country and is therefore of interest.

The efforts of the Red Cross in the larger cities in the United States is well illustrated in the work done in Washington, D. C. In coöperation with the United States Public Health Service, the Local Chapter equipped and maintained an influenza hospital on F Street. When it became evident that this hospital would be inadequate to care for the increasing number of patients, a second hospital was opened by the U. S. Public Health Service at Eighteenth and Virginia Avenues. Lucy Minnigerode rendered conspicuous service in organizing the F Street hospital and Rachel Independence Albaugh, whose name will appear numerous times in post-Armistice sections of this history, handled details of equipment.

The U. S. Public Health Service divided the city into headquarters and four main divisions, each of which was then subdivided into districts. Each district had a headquarters to which all calls for influenza relief work should come. A central recruiting station for nurses was opened by the Red Cross Chapter at Fourteenth and F Streets, for the purpose of securing additional nursing personnel. In this the coöperation of the school teachers proved of great value. As the schools throughout the country were closed during the most virulent periods of the epidemic, many of the teachers volunteered as assistants to the nurses and rendered efficient service. The work of lay volunteers, especially that rendered by women who had had Red Cross class instruction, was of great value.

An enrolled nurse who had once taught classes in Home Hygiene but who had had to give up active service on account of ill health, rallied to duty again during the pandemic. She wrote:

> Owing to my semi-invalidism, I was not officially under the local organization, but my former students had enrolled with me and I called on them. We did what we could where we ourselves knew the need to be great and we were able to carry several hundred homes through to safety with only one death. Many refused relief, but we systematized our work so that the inexperience of the volunteer aides would not work hardship either on patient or aide. I sat at my phone day and night, backing their orders with advice and instruction. It was the sweetest thing in the world to hear their responses come back when I called on them, "Why, yes, of course I will do what I can to help."

To return to the District of Columbia, the District Chapter Canteen Service organized a kitchen in each of the four divisions, where food was prepared for those who could not secure it in other ways, because of the illness of members of their families or because of the crowded conditions existing on account of the housing problems. From this kitchen in each division a hot lunch was daily served to doctors and nurses to save their time. The District Chapter Motor Corps put its ambulances and other cars with their drivers to valuable use in carrying patients to the hospital and in transporting the nurses about the city.

The organization which was developed in industrial towns

is well illustrated by the work at Wilkes Barre, Pennsylvania. Mrs. Gertrude Williamson, the Red Cross nurse in charge of the emergency hospital, wrote:

> For two days, volunteers mostly from Red Cross classes in Home Hygiene and Care of the Sick, worked like beavers, cutting draw-sheets, making up the Army cots, scrubbing hat-racks to serve as linen shelves and cleaning camp chairs to be used as bedside tables. The Armory was scrubbed from roof to basement and four wards were partitioned off with beaver-board and lavatories and sinks were installed in the only available rooms.
>
> The Red Cross Canteen Service took entire charge of the basement kitchen and, with a few paid employees, but mostly volunteers, served all the food to the nurses, the physicians, the orderlies and the members of the National Guard who were always on duty, besides sending out food, broths mostly, to over 150 families daily, who because of the "flu" had no one well enough to prepare their meals.

In small towns, where there were rarely any hospital facilities of any kind, the emergency was met in an equally efficient way. In Watkins, New York, the Red Men offered the use of their hall to the Local Red Cross Chapter as an emergency hospital. This offer was immediately accepted. The problem of equipment presented a grave difficulty but each housewife sent whatever she could spare—a cot, a pair of sheets, a blanket. In the same way, the kitchen was supplied and the principal of the High School, released for the period of the contagion, took complete charge of the preparation of the diets.

In rural communities, where no hospital facilities existed, the Local Chapters established temporary ones in schoolhouses or churches. Miss Barber, Director of Nursing of the Northern Division, wrote:

> The houses are often half a mile or more apart from each other, so we used the rural and village schoolhouses for emergency hospitals, wiring them with electricity in many cases just for this purpose. We also secured mobile kitchens, which had previously been used in the harvest fields, and attached them to the schoolhouses for canteen service. The result was highly satisfactory.
>
> To the most isolated country districts, we assigned nurses'

aides who remained in the houses of their patients as long as the need for nursing care existed.

A nurse assigned to influenza relief work in Denio, Oregon, wrote:

> Our patients are mostly families of sheep herders; they live in miserable cabins scattered in most inaccessible places, a house to a hill and each hill from twelve to fifteen miles apart. There is no food, no bedding and absolutely no conception of the first principles of hygiene and sanitation or of nursing care.
>
> I have taken over the hotel as a hospital and the Big Boss, who employs the sheep herders, is having all who are not too ill to be moved, brought in here. The men are willing, some are intelligent, but most are sick, and if it were not for the grit and brains of the nurses who have been working here before and for the women of the community, God help us!
>
> I am writing by fits and starts, as I can snatch a minute off to jot down our needs, hoping that the situation may be clear to you and that you will be able to get us some supplies before we get snowed in for the winter. Our greatest need (next to fruit and malted milk) is feeding cups and drinking tubes, which we can't get at Winnimucca, our nearest town. We also need lots of gauze or cheesecloth and cotton for pneumonia jackets; also rubber sheeting and quantities of old rags, to be used and burned, also gallons of formaldehyde, if we are to stamp out the disease; everything is thrown on the ground and will thaw out next spring and release all these germs again, if we do not take precautions against it.

Annie L. Colon, a Red Cross public health nurse on duty in Luce County, northern Michigan, wrote:

> Some of our patients lived miles back in the woods in the logging camps where not even a road could reach them. We would go after our patients in hand cars, mounted on the logging trains, and so saved many lives. We had gasoline engines on the most modern type of hand cars and we hitched a flat car to each one, usually with wire, put a board floor on it, laid mattresses over that and with a canvas cover to break the wind we carried our patients fifteen or more miles to a decent bed and a chance to live.
>
> With this equipment, we rode usually at night through the deep woods and over the rough roadbeds to the camps. Many

> times we would find thirty or forty cases, sometimes ten people all with fever over 104 degrees, huddled together on two or three beds in a tiny cabin, too sick to remove their clothes.

Assignments of Red Cross nursing personnel (including enrolled nurses, Home Defense nurses, pupil nurses, practical nurses and laywomen who had taken the Red Cross course in Home Hygiene and Care of the Sick), which covered only the first wave of influenza that swept across the country from September 14, 1918, to November 7, 1918, totalled 15,000 women.

On November 2, 1918, the United States Public Health Service reported that 115,000 persons had died from influenza and pneumonia. The battle deaths of the American Expeditionary Forces were 48,900, less than half the influenza deaths, and the pandemic was not yet under control. The contagion continued to spread and Red Cross relief was carried on until late in the spring of 1919. In round figures, the number of civilian deaths from influenza and pneumonia totaled 150,000 persons.

During the influenza epidemic, National Headquarters had opportunity to test the efficiency, as an emergency relief agency, of Red Cross national, division and local organization to an extent unequaled even by the opportunities for service coincident to the European War. Moreover, National Headquarters learned beyond doubt that this organization could—and did—function efficiently.

The influenza epidemic impressed upon the general public realization of two vital needs. The first of these was the need for organized public health nursing activities in every community. "The only good which could possibly come out of an epidemic which has carried off a great number of our best as well as our poorest citizens," wrote Katherine La Prade, chairman of the Nursing Committee of the Victoria (Texas) Red Cross Chapter, "is the proof to the public of the need and value of organized public health nursing service and also the absolute necessity for a county hospital in every rural community."

A second need was that of health education. In many places a fear of the influenza prevailed which was akin to the terror of the Middle Ages regarding the Black Plague. Amy Potts, Red Cross public health nurse in Monmouth County, New Jersey, wrote:

> One poor woman had nursed her husband and her three boys through serious cases of the flu and then came down with it herself. All she begged was to be left alone,—she was so "tired." Her husband got up and tried to do his best. Not one of the neighbors would come in to help. I stayed there all night and in the morning telephoned to the woman's sister. The sister came and tapped on the window, but refused to talk to me until she had gotten a safe distance away. Finally I managed to pull her into the house and convinced her that she had to stay. When she heard that her sister's recovery was doubtful, she was ashamed, but we could do nothing for the woman after midnight, except send for the priest.

The influenza epidemic and the resulting call for nurses came at a time when the entire Red Cross Nursing Service staff was already overburdened with the needs of the Military Establishment. At National Headquarters, Miss Delano and Miss Noyes had long since begun to show the effects of the responsibility and work they had been carrying. These were trying days, also, for Miss Kerr and Miss Deans, for the patience of these two—perhaps Miss Delano's closest friends at National Headquarters—was often tried by their harassed and exhausted lady-in-chief.

As August and September had passed with crowded, oppressively hot days and breathless nights, the contrast of temperament between Miss Delano and Miss Noyes had daily grown more apparent. Dark circles deepened under Miss Delano's eyes, her usual kindliness of manner gave way now and then, deep lines appeared about her resolute mouth. But at no time in her entire Red Cross service was she less confident, less splendid in her sure and brilliant strength.

If Miss Delano carried the major responsibility for the policies and ways and means of procedure, Miss Noyes carried the actual responsibility for and details of recruiting and assigning nurses to military and influenza service. As her burdens increased, Miss Noyes grew more silent, more poised, in appearance more cool. Her unshakable control, the result of temperament and circumstances, seemed to render her impervious to vexatious detail. Looking neither to the right or left, seemingly indifferent at times even to Miss Delano's extreme urgings for haste, she forged ahead on the given task that was hers.

Early in the autumn of 1918, General Gorgas went overseas

and Merritte W. Ireland, Chief Surgeon of the American Expeditionary Forces, was recalled to the United States and was appointed as Surgeon General. General Ireland was probably more familiar with the actual nursing shortage existing in the Medical Department in France than any other man and one of his first moves was to call upon the American Red Cross to recruit fifteen hundred nurses' aides for immediate service overseas. This request involved the initiation of an extensive drive for aides and plans were developed for securing them through coöperation with the Daughters of the American Revolution, the Association of Collegiate Alumnæ, the Professional Section of the Women's Employment Service of the Department of Labor and other organizations which were in touch with women who would qualify as candidates.

The call for aides seemed like the "last straw." However, the beginning of the end was in sight. On November 6, a United States Army hospital train on which three reserve nurses were serving stopped at the station at Sommielle, France. One of these nurses was Anne P. Hill; she wrote:

> An officer in charge of the schedule of trains passing through Sommielle told one of our officers that a special train was then on its way toward Verdun and that this train was carrying the principal Allied war generals to meet a delegation from Germany.
>
> The news spread like wild-fire through the train and greatly excited patients and nurses alike. At four o'clock on the afternoon of November 8, a special train drew up to ours on the next track and on it were those same war generals returning from negotiating an armistice with the Germans. All the country-side, too, seemed to sense that the end of the war was in sight. . . .

The first word that an armistice had been signed and that firing had ceased, came to Washington and to Red Cross Headquarters at eleven o'clock on the morning of November 10, but was a false report. A conference was being held in Miss Delano's office when Annie, the small messenger girl, burst in, clapping her hands and crying: "Peace has been signed, Miss Delano, peace has been signed!" The nurses and office force rushed out to confirm the report, for newspaper boys were calling the extras. Miss Delano and Miss Noyes stood looking at each other in the deserted, sunshine-flooded room.

An hour later Washington had gone mad with joy. Government clerks, soldiers, young stenographers, business men, officers, had rushed out from the government buildings and swept in a screaming, waving hysterical mass to the closed and guarded gates of the Executive Office of the White House. Until late in the night, the celebration continued.

On that same night in an Army tent of Evacuation Hospital No. 8, which was located at Souilly, near Verdun, France, a group of tired American Army nurses gathered about the stove in complete discouragement. They knew that the firing had not ceased, because they could still hear the sound of the guns. Among them was a Navy nurse on detached duty, Mary Elderkins. She wrote:

> Rumors of peace had kept drifting in, but we really had little faith in them. The false armistice report made but a slight impression, as we could still hear the fighting going on.
>
> The night of November 10 we were sitting in my tent around the stove in utter dejection. We regretted that the hopes of those in America and of the rest of the world were being raised only to be disappointed, so sure were most of us that there would be no armistice. At 3 A.M., November 11, we were awakened by the most terrific barrage we had had in weeks. Someone cynically remarked, "That sounds like peace!"
>
> At 9 A.M. the message came that the Armistice had been signed. At eleven all ears were strained to see if the firing would cease. It did!
>
> We operated all day long and received wounded men as late as eleven that night, but the usual ceremony of putting up the black curtains at five o'clock was omitted and for the first time we looked out on a camp ablaze with light.

CHAPTER XI

DEMOBILIZATION

Miss Delano's Death—The Close of the Military Program Overseas—Bureau of Information for Nurses—Nurse Corps, U. S. Public Health Service—Casualties Among Nurses—Memorials to Nurses—Red Cross Aides—Educational Projects—Military Rank for Army Nurses

A WEEK after the signing of the Armistice, Miss Delano had presented to the War Council a plan for the development of public health nursing and class instruction throughout the United States and had won its approval. Full accounts of these projects may be found in subsequent pages. This chapter will relate the closing of the military program, the return of nurses from military to civilian fields, post-Armistice activities and the final termination of American Red Cross war emergency relief in Europe.

The shutting-down of the military nursing needs was immediate. Three days after the Armistice had been signed, the Superintendent of the Army Nurse Corps had notified all nurses awaiting assignment that "unless such steps had been taken by them toward entering the service as to make it inconvenient and a financial loss if they did not do so, they would not be given service in the immediate future." [1] The lowering of the standards for service in the Army Nurse Corps on account of the urgent need for nurses, was immediately rescinded and all nurses whose applications showed that they did not meet the former peace-time requirements, were informed that they were not eligible for appointment. Four hundred of the nurses then awaiting transportation overseas at the Mobilization Station in New York—and there were on November 15 some fourteen hundred of them—were sent to France as soon as transportation could be secured to relieve the shortage existing there.

On November 15 Miss Thompson wrote Miss Delano:

[1] See Weekly Report ending November 15, 1918, of the Superintendent, Army Nurse Corps, to the Surgeon General, U. S. A.

> Since the signing of the Armistice within the past week, the need for the assignment to active duty of more nurses has ceased, at least for the time being, as it is thought there is a sufficient number for the present need. This office has received instructions to assign no more nurses to active duty and to notify the Red Cross to that effect. It is thought wise, however, that the recruiting of nurses be continued in the event of a possible future need.
>
> In all probability, nurses' aides will not be called, either for duty in this country or abroad, but there seems to be no reason why the Red Cross should not continue with the training of these aides in coöperation with the civil hospitals, but it should not be with a definite understanding that they are to be called into service as soon as they have completed their training.

On November 23 Surgeon General Ireland wrote Miss Delano:

> The war being virtually over, I desire to take this occasion to express my appreciation and that of the Medical Department of the Army of the splendid service which you and your organization have rendered the government in supplying practically eighteen thousand nurses to the Army Nurse Corps alone.
>
> The group of women now serving in the Corps is, I believe, one of the largest organized groups of professional women in the world, and it is largely due to your efforts and that of the nurses of your organization that this has been made possible. The service of the nurses have been efficient in the highest degree and their work both in this country and abroad has been very highly recommended.
>
> I desire also to express through you, to the directors of the different Divisions of the American Red Cross and their assistants, my appreciation of the remarkable service which they rendered the government during the influenza epidemic in supplying the military hospitals with hundreds of nurses and nurses' aides for temporary duty at a time of acute need.

A statistical summary of the nurses in military service showed that the Army Nurse Corps had on duty on November 15, 1918, approximately 21,344 nurses. Of this number, some nine thousand were serving with the American Expeditionary Forces in Great Britain and France; fourteen hundred others were in New York City awaiting transportation overseas; the remaining eleven thousand were on duty in military

hospitals in the United States. The papers of five hundred more were in the Surgeon General's office, these nurses awaiting at home their travel orders.

Of this total maximum strength of the Army Nurse Corps of 21,480 nurses, 17,931 were reserve nurses—nurses recruited and assigned to the Military Establishment by the American Red Cross Nursing Service. Thus more than four-fifths of the members of the Army Nurse Corps were American Red Cross nurses.

Of these 17,931 reserve nurses some 4400 had joined the Army Nurse Corps as members of base hospitals; some 400 as members of base hospital units, some 11,500 as members of emergency detachments, about 1400 as members of training school units and approximately 200 as members of special units.

During the nineteen months in which the United States participated in the European War, the American Expeditionary Forces suffered 286,330 battle casualties, of which 48,909 were of men killed in action. In the American Army 56,991 men died from disease and 6522 from accidents. Thus the total number of lives lost in the Army, including the Marines attached to it, from April 5, 1917, to May 1, 1919, were 112,432. Five out of every six men who were sent to hospitals were cured and returned to duty.

In the toll of battle deaths of the European War, the United States stands third from the bottom of the list of belligerents, as the following table will show:

Russia	1,700,000
Germany	1,600,000
France	1,385,300
Great Britain	900,000
Austria	800,000
Italy	330,000
Turkey	250,000
Serbia and Montenegro	125,000
Belgium	102,000
Roumania	100,000
Bulgaria	100,000
United States	48,900
Greece	7,000
Portugal	2,000
Total	7,450,200 [2]

[2] "The War with Germany," p. 119.

While the European War was undoubtedly the bloodiest in the history of warfare, the disease rate among the American forces was remarkably low. Nineteen out of every thousand men of the Expeditionary Forces died of disease. During the Mexican War, 110 per year of every thousand men had died of disease; during the Civil War, 65 out of every thousand men, and during the Spanish-American War, 26 out of every thousand men. The causes of this remarkably low disease death rate among the American forces in the European War was due to (1) a highly trained medical and nursing personnel; (2) compulsory vaccination of the entire Army against typhoid fever; (3) thorough camp sanitation and control of drinking water; (4) adequate provision for hospital facilities.[3]

On November 11, 1918, the total strength of the Navy Nurse Corps was approximately 1500 nurses. The maximum number of nurses actually serving in the Navy was reached on October 19, 1918, when 1460 nurses were on duty. Forty-three others had signified their willingness to undertake navy nursing service, had executed their oath of office and were awaiting travel orders but later resigned on account of the lessening of the needs for nurses due to the signing of the Armistice. Of these 1503 regular and reserve members of the Navy Nurse Corps, 1058 had been recruited and assigned to the Corps by the American Red Cross Nursing Service. Thus more than two-thirds of the members of the Navy Nurse Corps were American Red Cross nurses.

The total number of deaths in the Navy between April 5, 1917, and May 1, 1919, was 10,068 men. Thus the cost of life to the American Military Establishments during the European War was 122,500 men.[4]

The American Red Cross Nursing Service assigned 18,989 of its enrolled nurses to the Military Establishments and in addition assigned 284 to the hospitals and cantonment zones of the United States Public Health Service and 604 others to foreign service under American Red Cross commissions to the Allies. Thus the total number of American Red Cross nurses in military service during the European War was 19,877. The total number of American graduate nurses who served in the European War was 23,868.

[3] "The War with Germany," p. 125.
[4] *Ibid.*, p. 123.

Since 1912 Miss Delano had not left the United States, as she had felt that her place was at National Headquarters. She had long desired, however, to see the conditions under which nurses were working in Europe; the War Council also wished her to go overseas. On December 15, 1918, Miss Noyes was appointed acting director of the Department of Nursing, and Miss Delano left Headquarters and Washington to make a trip of inspection in France.

In France the signing of the Armistice had arrested the flow of fresh casualties into American Army and Red Cross hospitals, but influenza patients and the numbers of men wounded in the Argonne, St. Mihiel and Verdun offensives crowded the wards to such an extent that the "peak days" for the hospital centers occurred late in November.

The pressure of work quickly lightened, however, in the zone of the advance. After the casualties of the pre-Armistice drives had been evacuated to the zone of the base, no more patients came in and the nurses had ample time to look about at the paraphernalia of war. Priscilla J. Hughes, chief nurse of Evacuation Hospital No. 2, wrote:

> Five days after the Armistice, we went up to the trenches and across No-Man's Land, climbed in and out of the shell holes and through the terrible barbed-wire entanglements into the German trenches. It was quite apparent that the Boche had at least thought he had come to stay. The dugouts were like summer bungalows; some had beds and others had bunks with chicken wire for springs and really soft mattresses. The walls were covered with a blue fibre material resembling burlap, and bookcases and cupboards had been built. The windows were of glass and opened on hinges.
>
> We saw one of their "pill-boxes," made of concrete and iron. A small narrow gauge railroad ran right up to the doors of the huts. Outside were little rustic walks and steps and bridges. In one of the dugouts we found coffee in steins and bread still on the table, bread which quite answered the description we had heard that it was made of sawdust and chicken feathers. It certainly looked it! They also had carpenter shops fitted out with all kinds of tools.

By November 15 the first released war prisoners began to straggle back to the French and American lines and many of them were brought to American hospitals. Miss Hughes wrote:

On November 15, some of our corpsmen were down in the village and they ran across two Tommies who had just wandered into Baccarat on their way back from a German prison somewhere in Alsace. Our men practically carried those boys to the hospital, gave them good showers, dressed them up in U. S. A. O. D. and sat them down before the first good meal which they had had since they had been taken prisoners last March.

Each day the boys would come back to the hospital with more Tommies in tow and by means known only to the doughboy, had them admitted. To the credit of our C. O. and the officers and the joy of the nurses, nothing was said until finally the French sent us word we were not to interfere with the British prisoners and that they were to go to the French barracks. Then our boys fixed up cans of U. S. A. coffee, sandwiches and all the cigarettes, tobacco and chocolate they could lay their hands on, carried them down to the French barracks and bribed the guards with some of the food to let them pass the rest through the railings to the British boys.

These Tommies were simply in rags. They told us that the Germans . . . had practically starved them, which was quite evident. Three hundred and thirty of them had been set at liberty from this particular prison and guards had gone with them for about thirty kilometers, then left them to find their way back as best they could. Over thirty of them had died by the road. How some of them ever managed to walk, especially across No-Man's Land, is a wonder, they were so sick and weak.

On November 30 the German High Command telegraphed Paris headquarters of the American Red Cross that authority had been granted "for the American Red Cross to send at once to Trèves, food, clothing and necessary supplies, with a minimum of personnel, to handle the distribution of same to the Allies' wounded in the Military Hospital at Trèves." Six mobile units, each consisting of two doctors, four American Red Cross nurses, one camion of food supplies, one camionette of medical and cleaning supplies and a touring car and ambulance for transferring the personnel and their baggage, were organized and started on their way. "The plan," wrote Colonel Burlingame, "was to mobilize these six units near the border to precede the Army as soon as permission was granted. They were to move into German hospitals and carry on until such

time as the Medical Corps was allowed to advance and take over the patients." [5]

These six units left Paris at dawn of December 1, and during their trip into Germany had an extraordinary opportunity to view conditions in the devastated regions. One of the units was composed of Dr. G. R. Wiseman, Dr. Baldwin and Rachel Torrance, Eleanor Beatrice Brown, Mary Irene Kelly and Henrietta Altman. Dr. Wiseman wrote:

> Sunday, December 1: Up at dawn. At eleven-thirty we left the Rue de Rivoli for Germany. The old applewoman at the Porte gives me two apples and "God bless the *Croix Rouge Américaine!*" Over the muddy roads to Meaux; then the rolling country-side, beautiful in the glinting autumn sunlight. The big trucks break down. We lunch at Meaux and the nurses talk of Château-Thierry and the Champagne and Evacuation No. 3. The gun lieutenant with the Naval guns hails us: "Hello, Americans!" The cold hotel, the cathedral against the gray sky, the dim old square with the movie filled with French *poilus*, the American military police on guard the endless sound of horns of passing motors and Army transports—Meaux.
>
> Monday: Vaux and the graves of the Marines on Hill 204, wet in the mist, the colors on the wooden crosses. The sandbags in the torn and bloody woods, Château-Thierry and the smashed bridge across the Marne, in the valley overlooked by the heights the Germans held as the engineers built the pontoon we cross on now, a pontoon built then under shell and machine gun and airplane fire, with a crashing city behind them. In the twilight and darkness I walk along the river with a nurse who had once served in the Hotel de Dieu Hospital across the river. The questions of the wounded to each other come back to her and reconstruct the fight: "Hello, Buddy! Did they get you along the damn railroad?" "You got yours in that hellish river bed?" The shock nurse tells of the cheerfulness of the wounded in the Argonne. . . .
>
> I buy sausage and beg bread from an Army mess for dinner and on we go, the white lights of the cars throwing into ghostly relief the stark ruins of Dormans, where the Germans crossed and were thrown back. The shell-pierced château walls, the cut trees, the regular piercing hits by the artillery on the stone fences; over the river the hills loom in the darkness, silent now.

[5] "Military History of the American Red Cross in France," p. 109.

We reach ruined Épernay and filthy cots in a French convent.

The raw French winter was closing in and the units went forward under chilling mist and rain. Dr. Wiseman continued:

Tuesday: Smashed Épernay, where we breakfasted in a dark stone cellar room with French privates. Rain! Rain! Rain! Along the rolling hills, then past endless French cavalry and convoy columns into busy Châlons, with its German prison camp. The Boche give us gasoline and we roll slowly by the bombed houses in the square, where twilight is settling down like mist. Darkness, and we start for St. Menehould behind the Rheims Front. The rush of motors in the dark, muddy streets, the crowds of *poilus,* the Americans, the returning refugees! We camp in the trucks, overlooking the lights of Châlons. On the wet breeze the sweet tones of the cathedral chimes steal up out of the misty valley to the Champagne plains.

Wednesday: Dawn and the crows in the cold trees. Past great shanties of the rear area camps; tremendous hangars, black and brown; old emplacements beside the road—all in the early morning mist banks. Breakfast in an old stone house across the creek where the Red Cross canteen serves in the muddy rooms. The blazing fire, the Victrola, the tired doughboys sleeping on the cots or writing home. All day in the rain we fix the trucks in the narrow muddy street while the armies pass. . . .

Thursday: At noon we climb the rolling hills again. On either side of the road, the long barbed wire vineyards point like spear heads at the dark road ahead. Dusk comes early and we see more and more American instead of French trucks. We climb the hill through ruined Clermont with its fantastic assemblage of American mechanical genii—caterpillars, tractors, Fords, giant trucks and motors lining the road through the shattered houses and crowding every inch of the muddy field beside the orchard where the gasoline station is found. No more gas until the Third Army is reached in Germany now. We load up and start for Verdun.

The Verdun road, a subway of lamplight tunneling the valleys on the straight camouflaged roads! The lights of a camp flash by and the strains of an American band reach us. Green flares show our trucks the protected roadway, pitch-black again in an instant, a roadway flanked by the great hill-

sides, the blinking camps, the black mist and mud. We come out on the level road around Verdun by the hospital, once Evacuation No. 3.

Two o'clock now and we run along beside the re-won railroad where an American engine puffs heavily. We go through the great high ancient gate into ruined Verdun; past the enormous, bastioned, monstrous walls, the ghostly shattered stone houses, the hanging blinds and torn floors, the barricades, the fire in the ruined corner house on the Rue Étain where we ask three watching doughboys the way.

The convoy refiles through the Porte St. Paul and clatters out towards No-Man's Land. Still the enormous hills, the headlights on the shell-torn fields, the fog. The convoy forges ahead and we are left alone on the Road of Ghosts. At last we fix our tires and push on, now at dawn we see the riddled muddy fields, glimpsed through endless camouflage stretched from one blasted tree to another. The concrete towers and the cable defense against the allied tanks stretch along the barbed-wire-filled meadows, the zigzag trenches and pulverized farmhouses. At last we reach destroyed Étain, with its German signs. A negro regiment is encamped here and the bugle call in the misty desolation speaks breakfast to our hungry crowd. The nigger jazz band serenades us as we pass out through the ruins. It is another day and we have forgotten to sleep.

The convoy had now penetrated behind the former German lines into the territory of great strategic importance, where the Americans had seized the Metz railway and had thus broken the German line of communication. Dr. Wiseman's report continued:

Friday: Again we saw the endless barbed wire entanglements, the cleared plains etched with trenches now empty and cleared by the desperate battle in the forest of the Argonne to the northwest; now we saw lines of negro troopers on the muddy roads; a salvage engineer train on the Metz railroad with American locomotives; a bombed station; the German road signs and orders; the barrels of rum and the darkies' ready cups; the vast piles of flares and hand grenades and enemy materials; the re-named streets, the Kron Prinz Strasse; the silent town now deserted; on the hills old graves of 1914. I examine one, guarded by tiny fir trees and flowers: "*Hier Liegt ein Deutscher Soldat.*" Beyond is the prison camp, with its rough, heavy barbed wire walls; by the kitchen.

the potato peelings are still fresh in the barrels; litters of filthy clothes still lie on the two-tiered plank bunks. Haste had visited here.

Before us at last stretched the road to Esch and Luxembourg. The long hills are passed in the starlight and we reach Esch with its flaring mills, its factories roaring with energy and life. Little girls, with odd accents and infinite charm, crowd our camionette. Then we ride past the great beautiful residences of Luxembourg into the lighted, crowded town and park, finally in the statued square. About us gather curious crowds, friendly faces, and we hear the German tongue. In the Clesse Hotel we sleep for the first time since Wednesday, to dream of the road of black towering trucks with locomotive headlights, crushing our little Ford camionette on the heaps of stones by the roadside. . . .

On Saturday morning the convoys started out on the last leg of their six days' journey. Dr. Wiseman wrote:

Through incredible, romantic, castled Luxembourg we go, across the great bridge over the Moselle, a bridge now crowded with the grim, matter-of-fact divisions of the American Army. An endless chain of huge, mud-splashed trucks, of easy-riding cavalry squadrons; of trains of mules drawing canvas-covered wagons; mess outfits, kitchens; ammunition; tired infantrymen in brown steel trench hats—all moving steadily across the stone bridge and up into the giant, green and black forest with its maroon carpet of autumn leaves covering the towering hills. Below and beyond, we saw the green of winter wheat; the neat dainty houses; and far down the valley of the Moselle, the endless, slow-moving convoys of canvas wagons marking each river road on both banks. Along the roadside the faces of old men stare at us through the windows and doorways as we cross into Germany.

Children, first, thousands of children, wearing Fritzie's red-banded cap, offering Iron Crosses for sale, saluting, asking for chocolate, cigarettes! Through the outskirts of Trèves we drive until we strike Cæsar's old arch and the Hotel Porta Negra. I buy dinner for the nurses and we get a-plenty! And for seven marks apiece! I meet some friends and in the hotel bar below we drink *weiss Wein.*

Outside gapes the servile populace. Like the doughboy, we all find difficulty in changing from the French to the German language. Still we meet no hostility. The doughboy smiles readily; the children are ridiculous; the old people are friendly; charges are low. The doughboy likes Germany!

I go to bed, aware of an appalling anti-climax. My mind still pictures tired, frugal, denying France.

At Trèves the six mobile units were not sent forward as had been originally planned, but were fitted in for service wherever need existed. Units Nos. 1, 3 and 4 were assigned to duty at U. S. Evacuation Hospital No. 3 at Trèves; Unit No. 5 was sent to Montmedy to take over a civilian hospital where men of the Fifth Division were ill with influenza, pneumonia and dysentery; Unit No. 6 went to Stenay to care for forty American men left behind with a detachment from an Army field hospital; Unit No. 2 was sent to Vitron. These units stayed in Germany until late in January, 1919, when they were recalled to Paris.

In the meantime the Army of Occupation was pushing on from Trèves and with it went Evacuation Hospital No. 2. In this column were many regular and reserve Army nurses. Miss Hughes, the chief nurse, wrote:

From Trèves began the most wonderful and historic part of our journey through the beautiful valley of the Moselle. To those who do not know it: Imagine a valley with a broad silver river winding in and out among picturesque hills grouped on either side in many shapes and heights but with wonderful symmetry, hills covered with grape vines arranged with the most methodical exactness, not a single one out of line. Here and there were tiny patches of gardens in greens and reds and browns, which reminded one of a picture puzzle carefully placed together. Some of the hills seemed almost perpendicular and one would think that the peasants must have been suspended by their eyebrows to plant and care for the vines. Here and there towering high above the hills were the ruins of old Roman fortifications and medieval castles and at their feet nestled cosily quaint little villages, with never a sign of the havoc and desolation only a few kilometers away.

The railroads and bridges were all guarded by our own American soldiers; with fixed bayonets, they stood at intervals along the right of way. As we passed through the Kaiser's Tunnel, we distinguished the flash of bayonets as we sped along in the dark.

Then out we came into a part of the valley where our train ran along in the center and we had a full view of the valley. There on either side marched our troops into Germany, the Stars and Stripes and the Regimental Colors flying at the head of the columns, the sun shining on the enthusiastic faces of our boys and flashing on the brass instruments of the bands.

> In the center went our train, with "Our Flag" on the pilot of the engine and a German engineer at the wheel. Surely we women of America had been given many privileges, but I do not think, in the history of women, that there has been a precedent to this experience given the nurses of Evacuation Hospital No. 2.

On Wednesday afternoon, December 11, 1918, the train carrying Evacuation Hospital No. 2 pulled into Coblenz, but as the Army had not yet come in, it was switched back to Guile, a village on the city's edge, to wait until the arrival of the Army. Miss Hughes wrote of their reception at Guile:

> The children of the village came down to the train and our boys were soon wearing Iron Crosses which they had traded for hard tack and "corned willy." The children said that the Prussian soldiers marched into their homes and took anything they wanted. They also told us that there had been riots in Coblenz three days before.
>
> Meanwhile the troops had caught up with us and on Friday morning, December 13, went marching by into the city. We climbed up on the banks and stood at attention as the advance guard swung past. And on Saturday our train moved on into the Coblenz Station and we were ordered to a hotel before going on to Ems to establish our hospital. We left the station and started for the street car and how the *fraus* and *frauleins* stared at us and everybody stopped in the streets to turn and gaze after us.

All day long Sunday, Monday, Tuesday and Wednesday the American Armies continued to stream into Coblenz. Miss Hughes wrote:

> Men, horses, mules, field kitchens, ammunition caissons, trucks, ambulances, motor-cycles! The children swarmed like flies. If the Germans had had any doubt as to the numbers of Americans who had crossed the ocean, they certainly seemed to have their eyes opened during those days. They stood and stared and stared at the seemingly endless American Army with a bewildered, stolid expression.

During these days Evacuation Hospitals Nos. 9, 14, 4 and 6 came into Coblenz, and buildings were assigned to them all. No. 2 was given an old German barracks, of which Miss Hughes wrote:

> It had been left in an almost impossible condition and was inhabited by everything from cooties to dead horses' heads; the Boche had apparently been living on horse meat. Helmets and bayonets, some like saws with teeth half an inch long, littered the place. We used the bayonets to poke up the fires. In the attics were piled smashed furniture of all types, and an extensive library full of books and charts and maps of France, England, America, and Palestine; apparently they had been teaching the soldiers all about the world which they had expected to occupy. . . .
>
> Here we are now, located on a beautiful little island right on the Rhine with the famous fortress of Ehrenbreitstein just across the river from the hospital and the Stars and Stripes flying atop and almost reaching the sun!

During the days when the American and Allied Armies were coming into Coblenz, Miss Delano was preparing to leave Washington for her inspection trip overseas. On December 15 she left National Headquarters and went to New York to await transportation to France. She dreaded the arduous trip ahead of her and seemed to be filled with foreboding and a depression foreign to her usual equanimity. She was very tired.

Miss Noyes accompanied her to New York. Miss Deans was already there on special duty with the Atlantic Division and she and Miss Delano stayed at the same hotel. The Surgeon General had secured sailing for Miss Delano on the *Leviathan* for December 24, but delay resulted. Finally arrangements were made that she should sail on the *George Washington,* which was due to leave New York on December 31. On the night before she sailed, she and Miss Deans were dining at a large hotel and an Army officer wearing the ribbons of several foreign decorations came over to their table, talked with Miss Delano and passed on. Miss Deans looked at Miss Delano's outdoor uniform and asked her why she was not wearing some of her own decorations. Miss Delano laughed:

"What do those ribbons mean to me? All I want is the love of the nurses."

Miss Delano went aboard the *George Washington* at two o'clock in the afternoon of December 31 and the transport sailed the next morning. General Jefferson Randolph Kean, a great friend of hers, was on board, and Miss Delano's diary recounts the pleasant passage:

> I was given a comfortable room to myself on the upper deck; it had a dressing-room adjoining it. General Kean found that he had a room-mate, General Ennis, whom he knew slightly. At the same table with us was a Miss Poe, on her way to Rome for some work connected with military intelligence. We had discovered many mutual friends.

On January 10 the *George Washington* docked at Brest. Admiral Wilson had been advised of her arrival and sent a Navy launch to take Miss Delano and the two Navy nurses assigned to the *George Washington* ashore. They went directly to Navy Base Hospital No. 1. Of Miss Delano's reception, Miss Van Ingen wrote:

> I was finishing some paper work when a message came from the C. O's office that Miss Delano had arrived. Taken very much by surprise and thinking that the Red Cross had secured rooms for her at the hotel, I decided to go order some flowers sent as a welcome from our hospital. Before I could reach the street, she was at our door. We made her as comfortable as we could. The weather was especially bad at that time, sleet, snow, rain, and the penetrating cold that seems to belong just to Brest. . . .

In her diary Miss Delano wrote of her first day at Brest:

> Dr. Brinsmead, the medical director of the Brooklyn Unit, said he would take me wherever I wished to go in his car. It was arranged that Miss Van Ingen should accompany us and that we should leave at once for the army base hospitals near Brest.
>
> We went first to Army Base Hospital No. 65 at Kerhuon, which is known as the Kerhuon Hospital Center and has connected with it Army Base Hospital No. 105 which operates in part as a separate hospital but is under the general direction of the hospital center. Bree S. Kelly is chief nurse of the center, and Maud Parsons, of Base No. 105. The hospital is built on the barrack system and at the time of my visit all the wards were connected by board walks, which are shipped in sections and set up as needed. Before these board walks were placed, there was the necessity for the nurses to wear rubber boots when on duty as the mud at this time of the year is more than ankle deep.
>
> At present there are 240 nurses in the two hospitals. I visited nearly all the wards nurses' quarters and the quarters

for sick nurses. The nurses seem to be given excellent care and so far as I could judge were well contented and satisfied.

The hospital has a total of 3000 patients and bed capacity for even more. The Red Cross had built a comfortable recreation house with a young dietitian in charge. . . . The nurses were called together here and I spoke to them and told them of our appreciation of the splendid work they are doing. We then went to a little sitting room off the general recreation room and had tea. . . .

Miss Kelly assured me that the nurses' mess was conducted by the commissary department rather than as a separate mess, but this plan seemed to work quite satisfactorily. I visited the kitchen and found that they were to have for dessert that night real American pie which looked excellent.

On Saturday morning, January 11, Miss Delano started rounds at Navy Base Hospital No. 1 at Brest. In her diary she wrote:

The dormitories open on verandas where the patients can be moved in pleasant weather. All French people injured by Americans are cared for in this hospital, also the Army and the Marines. I saw one Frenchman who had been run over by an Army truck and who had unfortunately lost both legs. Two or three French women were also ill and were occupying the same infirmary as the sick nurses.

There is a great lack of quarters here. . . . The water supply is most inadequate, practically no running water during the day. . . . There is very little heat in the nurses' dormitories and none in the room where I slept. The nurses seem accustomed to the difficulties and do not complain. . . .

On the same morning Miss Delano went out to Camp Pontanazen. She wrote:

Miss Jones, chief nurse, was at Nice on her vacation, so Miss Helm met me and we made fairly complete rounds of the wards. They have 144 nurses living in what are known as inside and outside quarters. The inside portion of the hospital is located in the old French barracks and the nurses assigned to duty inside live in a convent, a most attractive old building, with a garden, which is attached to the barracks hospital. The outside quarters were built on the barracks plan by our Army and each nurse is given a separate cubicle with convenient shelves and a good bed. . . . The dormitories are

comfortably heated by a large stone at each end with space for sitting room around each stone. Seats were built in and comfortably cushioned.

As many as eighty thousand troops have been in this camp at one time with a water supply for only twenty thousand. To meet this emergency, large quantities of wine casks were purchased and water was hauled to the camp. Inadequate preparation seems to have been made for the care of the troops at Brest, but in spite of the difficulties, about a million men have come into France through the port of Brest and probably a large proportion of the army will be re-embarked from this port. . . .

The mud was overpowering and only a few board walks have been built. In some parts of the camp, it was almost impossible to get through even in the automobile, so one wonders how the nurses have been able to get from ward to ward. In almost all the wards, I saw the nurses actually caring for the patients.

The spirit of the nurses was excellent. In one ward, I met Miss Lord, one of the older Red Cross nurses. She has had a great deal of training school and hospital experience. She told me that never in her life had she found more satisfying work and that she was very happy to have been able to be in charge of a ward and able to take care of the soldiers herself.

At noon that day Miss Delano spoke to the nurses of Navy Base Hospital No. 1. Miss Van Ingen wrote:

She told them how her heart had been with each one, how she wished she might have shared all their discomforts, that she welcomed the bad weather she was encountering as it gave her a better idea of what those in France had had to endure. It was a talk such as one comrade would have had with another, not a hint at criticism or supervision, just encouragement and approbation. . . .

Saturday afternoon Miss Delano left Brest for Paris. The Roosevelt party had chartered a special car and Mrs. Roosevelt asked Miss Delano to join them. In Paris Miss Delano was taken to the Hotel Wagram. Monday morning she went down to Paris headquarters and found that Miss Hall, who had succeeded Miss Stimson as chief nurse of the American Red Cross in France, was absent at Tours. Miss Delano was given an office and a stenographer and spent most of the day dictating

letters, making out reports on the hospitals at Brest, and writing her diary. "I met many nurses both on the street and at the office whom I knew," she wrote.

During the next two days Miss Delano made plans for extensive trips to the various auxiliary hospitals in France. On January 13 Walter D. McCaw, Chief Surgeon, A. E. F., wrote the following letter of introduction:

> To: Commanding officers of all hospitals, A. E. F.
> Subject: Inspection of nursing service by Miss Delano.
> 1. Miss Delano, chief of the nursing division, American Red Cross, who has organized the nursing reserve of the U. S. Army, has come to France with the approval of the Surgeon General, U. S. A., to visit and inspect the nursing detachments of the hospitals of the Army.
> 2. It is believed that her visit will not only result in obtaining information which will be of value to the Medical Service, but will also be of much benefit to the morale and *esprit de corps* of the nursing service.
> 3. The Medical Department of the Army is under deep obligations to Miss Delano for her patriotic and arduous service in organizing the nursing reserve. It is requested that commanding officers give Miss Delano all possible facilities and assistance in the performance of her mission, and issue such instructions as will be necessary to secure this object.

On January 15 Miss Delano went to American Red Cross Military Hospital No. 2, and on the following day to No. 1, the former American Ambulance. On the next day she went with Miss Hall to inspect United States Army Base Hospital No. 57, which was maintained by the Memphis (Tennessee) Unit. Miss Delano was delighted with the establishment. She wrote:

> I was greatly pleased over Margaret E. Thompson, the chief nurse, and the general condition of the hospital. The wards were orderly and clean; this is the first hospital I have seen where all the beds had white covers. She had utilized sheets which had been re-issued to her from some of the hospitals which have been closed. Here I found for the first time an attempt to oil the ward floors. My general impressions of this hospital were excellent; the discipline among the men was good, the patients became quiet on our entry into the wards and the corps men were quite willing to respond to Miss Thompson's order of attention.

> From there we went to American Red Cross Military Hospital No. 3, Mrs. Whitelaw Reid's hospital for officers, which is located in her former Club for Girls. The building is probably better suited for a convalescent home than for seriously ill patients.
>
> We returned to the office about two o'clock and went at once with Miss Ashe

Here Miss Delano's diary broke off. It was never finished. However, on January 18 she wrote Miss Noyes a long and confidential letter about various administrative questions. Three days later Miss Hall wrote Miss Noyes:

> In case you may hear of it from some outside source, I am writing you that Miss Delano is at the moment sick in hospital. I know that she has no idea of letting you know and I think she is not sufficiently ill to send a cable and so perhaps stir you up on the subject. On Saturday afternoon, she said she had a slight sore throat and was feeling it in her ear; later in the evening she had very severe pain and at eight o'clock the ear drum ruptured. We called an ear specialist from American Red Cross Military Hospital No. 1 to see her and she was taken at once to No. 101, where Miss Jones is giving her most splendid care. We are all disturbed and anxious, for after all it is a little difficult to come into this French climate in the middle of winter, particularly after one has been through so many months of strenuous life as Miss Delano has.

Miss Delano was soon up and out again—too soon, many thought.

She went on with her trips of inspection. On February 14 she visited Base Hospital No. 27 at Angers and her report is of interest. She had had an outline stenciled, and when she visited a hospital she wrote in, in longhand, her comments.

From Angers Miss Delano went southward. A nurse wrote that she had seen her standing on a windy station platform near St. Nazaire, her muffler held up to protect her face and ear from the penetrating cold. But she did not make any more inspection visits as she was soon again troubled by severe pain. She was taken to Savenay Hospital Center, twenty miles from St. Nazaire, successfully underwent a mastoid operation on February 21 and a second one on February 24.

Savenay Hospital Center was in the spring of 1919 a barrack city; in eight base hospitals ten thousand American sick

and wounded were being cared for. Miss Delano had a small, bare, pine-boarded room on the ground floor of the nurses' barracks, adjoining the nurses' sitting room. For the operations which she underwent at Savenay this sitting room was converted into a perfectly equipped operation theatre. In this, the scene of her last effort, her fight for life was characteristically determined. "It was thought at all the operations that her case was practically hopeless," wrote Colonel Coulter, the commanding officer of Savenay Hospital Center, to General Ireland, "but she rallied each time and her life was not despaired of until the last operation. . . ."

On March 4 Miss Hall wrote Miss Noyes:

> While Savenay is perfectly bare and cheerless in many ways, Miss Delano is in a place where she can have every possible medical, surgical, and nursing care. Colonel Coulter was in the Surgeon General's office and has put every resource in the center at her disposal. . . . She has three special nurses, all of whom she likes, and they are giving her splendid care. The officers of the Red Cross are much distressed and have placed all the facilities of the Red Cross through the zone officers at her disposal. . . . The nurses all over France are much distressed about her illness and there have been countless inquiries for her and quantities of flowers have been sent to her.

During the first three weeks of March Miss Delano's health mended steadily. She celebrated her birthday on March 12 and asked to have a cake made. "She invited a number of her friends to come have tea in her room," wrote Miss Hall to Miss Noyes, "and during the tea she told them it was her birthday and that she was having a party. She seemed to enjoy herself very much. On Monday, March 17, she went for a short motor ride in a large closed car and seemed to enjoy that a great deal."

On March 31 Miss Hall again wrote to Miss Noyes regarding Miss Delano:

> Colonel Coulter started on Saturday, March 21, in a motor to find the best man available for brain surgery. At Nantes, he found Captain Tranter, a young man who has had Dr. Cushing's neurological service at the Brigham Hospital and who has since specialized in brain surgery, a very able and careful man. He, with Captain Orr, operated on Sunday, March 23. . . . Two days following the operation, the temperature was normal and her mind quite clear. . . .

I talked with her Saturday morning, March 29, for about twenty minutes, when she had quieted down from her dressing. She told me to tell you that it would be at least another month before she is able to start for home. She further said that she felt she would not be able to do any work during the coming summer; that at the present time she is not able to dictate any letters; that she reads only a few, or has them read to her because it tires her to concentrate her mind on these matters. She selects the personal letters and lets the others go. She also said that in any questions that need deciding, you must go ahead and not depend on her for suggestions and advice because it will be a long time before she is able to be a help and she feels that there are many things which must not wait.

When I saw her on March 21, I felt much depressed about her and found her four physicians also very much discouraged. At that time, I thought she would not live to return to America. However, on March 29, the whole picture has changed and I believe she will rally and be able to go home, perhaps not in a month but surely in a reasonable time, considering the three operations and all she has passed through.

I do not know what you will decide over there to do about having Miss Kerr or some close personal friend come over. Over here, we feel, have felt, that we wanted to leave nothing undone that would in any way add to her comfort or happiness during this period of illness. Miss Delano does not know that we have asked to have some one come over, but I feel sure she would be delighted to see some one who stands in the relation of family to her, for after all she is among most unattractive surroundings, although as I have said before, she is having everything that can possibly be done for her from the surgical, medical and nursing standpoint. There are now five nurses assisting in her care; three of them are the original three, on an eight-hour schedule of duty. . . .

Anna Kerr, Miss Delano's closest friend, arrived in Savenay on Saturday afternoon, April 12. Miss Delano joyfully recognized her and talked with her for a few minutes before taking the anesthetic for the fourth operation. She recovered from the ether three hours later, again talked with Miss Kerr for a few minutes, and asked:

"Who is doing your work in Washington while you are away?"

Miss Kerr's answer satisfied her, but in a moment she aroused herself, and with a flash of her old energy exclaimed:

"But what about my work? I must get back to my work."

She did not speak again. All day Sunday, Monday and Tuesday she seemed to rest quietly; about eight o'clock Tuesday evening, April 15, she died.

To Savenay during the following days went the thoughts of the nursing and Red Cross worlds. The funeral was military in character. A nurse spectator wrote:

> On Friday morning at eight-thirty, the casket, borne by eight enlisted men and guarded by six nurses, was taken to the Red Cross auditorium. It was covered by a large American flag and was placed directly before the stage. Behind and around were placed . . . flowers in profusion, from the American Red Cross at Paris, the nurses of the various units and many groups at home.
>
> By nine o'clock, the nurses began coming and . . . the service started promptly at half-past nine. Chaplain Gilbert O. Miller, of the 309th Engineers, read the Episcopal burial service. . . . After the address, the casket was carried by soldiers to a flag-draped caisson. A company of soldiers lining the road presented arms as the body was borne to the gun-carriage. The procession then formed: the band of the 309th Engineers, the military escort, the caisson with the ten pall-bearers, the four honorary pall-bearers, the nurses representing the American Red Cross and the Army Nurse Corps, both in France and America, and Army nurses from nine base hospitals. . . .
>
> The line of march was up the road, through the grounds past the main hospital building and over a small incline to the mortuary. The band played Chopin's March and as the long line passed slowly by, every man in khaki—and there were hundreds of them—stood at attention; small French boys in their black school pinafores doffed their caps and stood at the salute; a French officer saluted and a *poilu* put down his heavy bundle before he did likewise.
>
> The flag before the main hospital building was at half-mast. Beneath it in the gateways and windows were crowds of wounded soldiers and convalescent patients. As we wound out of the gate and turned up the hill between high stone walls, we passed a typical French scene, a row of small stone houses with thatched roofs, before which stood two old Breton peasants, in white head-dresses, and some boys and girls.
>
> Hard as it was to lose Miss Delano in this way, it seemed fitting that the nurses whom she had organized, the soldiers for whom they were enrolled, and the people whom both had

crossed the ocean to help, should have surrounded her at the last.[6]

Even the enemy for whom Miss Delano had labored in the days before the United States entered the European War was present. The account of the funeral continued:

> As the procession wound up the hill, it passed groups of German prisoners, who saluted. When it reached the mortuary, the guard presented arms and the band played "Nearer My God to Thee," as the nurses filed up to form a crescent-shaped group, just beyond the main building. As the casket was carried inside, the chaplain read part of the Committal Service and the brief rites were over. Soldiers will guard the house until word is received to send the body home for final burial in Arlington. . . .
>
> The whole service was singularly beautiful. The sun shone and the blue sky, the soft green of the trees and the brown, freshly turned earth of the plowed fields, seemed a part of our last tribute. . . . The rows and rows of one-story barracks and the canvas tents of the huge cantonments lie in the midst of peasant cottages and small farms. There are hills in the distance but for the most part, the landscape rolls with here and there trim gardens, walled-in fruit orchards or a short, lazily revolving Brittany wind-mill. The strictly American camp, lying in the midst of this peaceful French countryside, emphasized to us again the reason why we had the French Tricolor and the American Stars and Stripes side by side in our Red Cross auditorium.[7]

On May 2 Miss Delano's body was temporarily interred in the American military cemetery at Savenay. Four or five nurses, three Army officers and two Army chaplains stood by as "taps" were sounded over this the grave of an American war nurse. The white wooden cross which stood for many months at the head differed in no wise from the three hundred odd crosses which marked the other graves in this one section of Savenay military cemetery.

"The dead," wrote Maeterlinck, "are dead only when we stop thinking about them." The American Red Cross appointed May 7, 1919, as a national memorial day for Jane Delano and at National Headquarters in Washington and at Division head-

[6] "Last Honours," Edna Foley, *The American Journal of Nursing*, Vol. 19, pp. 689-692.
[7] *Ibid.*

quarters throughout the United States, nurses and civilians gathered in thousands to pay tribute to the nurse who, in the words of the editor of the *Journal,* "was, at the time of her death, the most conspicuous woman of the war." Of the many words [8] spoken on these occasions, perhaps none better fit, in their simplicity and strength, her character and work than do those of an Army surgeon:

> To the cause of the sound education of the nurse and the extension of her sphere of activity in relation not only to hospitals and to private practice but to the broader fields of public hygiene and sanitary instruction, Miss Delano gave much of her life.
>
> She lived to see nursing generally recognized as an indispensable complement to the practice of medicine, as it must one day be recognized as an integral part of the art of therapy; she lived to see the trained nurse universally regarded and employed as a vital agent in measures of public sanitation throughout the civilized world.
>
> To the affiliation and coördination of the important nursing agencies of the country, to the end that under the American Red Cross there might be established a force of nurses properly selected and organized, adequate not only for the demands of peace, but for the emergencies of war, she gave the latter years of her life. It was work well done.
>
> She lived to see the standards of nursing for which she stood recognized by the Government. She lived to see the nursing agencies of America united and coöperating with the Army and the Red Cross. She lived to know that the Red Cross was ready, and to realize that it had given to the Army a contingent second to none in the service, in character, in morale, in organization and in efficiency. She lived to see that the American Army nurse had stood the test. She gave her life freely and unreservedly to a noble service. She accomplished that which she undertook. She died at the height of her powers, at work. She was a fine figure, the figure of an American nurse.[9]

Seventeen months after her death in Brittany, commitment services were held at Arlington National Cemetery for Jane

[8] Tributes paid to Miss Delano's memory by President Wilson, General Pershing and other members of the U. S. Government; by officials of the American and other Red Cross societies; and by leaders of the medical and nursing professions are on file at National Headquarters.

[9] "Nursing and the Art of Medicine," W. S. Thayer, *The American Journal of Nursing,* Vol. 20, pp. 191-192.

Delano and at last her body rested among the nation's soldier dead on a wooded hillside slope overlooking the white, cypress-shaded amphitheater, the gleaming stretch of the Potomac beyond and in the distance Washington, the city in which had been enacted the crowning events of her high and lonely destiny.

To the student of history, no phase of study is more engaging or more productive of speculation than the rise of leaders to fit the changing needs of the changing times. For each specific need, circumstances (for want of a better word) appear to bring forward men and women temperamentally attuned to each specific need, and for the moment the new leader rides on the crest of the wave. Then the need changes, the wave recedes, the old leader sinks back into the turbulent seas of human effort and a new wave, bearing on its crest a new leader, comes crashing in upon the shores of time.

In 1916 Miss Noyes had been Miss Delano's own choice as a co-worker, and upon her poised and unobtrusive strength Miss Delano had relied to her last conscious moments of life. Thus, in the period of demobilization and reconstruction, it was a natural consequence that Miss Noyes should follow Miss Delano. Miss Noyes was as admirably fitted for leadership in the new era as Miss Delano had been in the old. War is a spectacular cataclysm, incredibly dramatic, and Miss Delano, in her life and death and personality, had matched it. Demobilization with its unrest and reconstruction, with its uncertainty and indecision, called for sanity and an unerring sense of proportion, by means of which the displaced social order might be neatly rearranged again into the normal conditions of peace. In temperament and methods of work Miss Noyes matched the newer need. On August 8, 1919, the general manager at National Headquarters announced her appointment as director of the Department of Nursing; since the previous December she had been serving as acting director. At its first meeting after the Armistice, a meeting held December 9, 1919, the National Committee on Red Cross Nursing Service unanimously nominated Miss Noyes as its chairman and the Executive Committee on January 2, 1920, ratified the nomination.

In the midwinter of 1918-1919 National Headquarters endeavored to check its war machinery and through a policy of

contraction and economy to assume peace-time dimensions. On February 15, 1919, an adjourned session of the annual meeting of the American Red Cross was held at National Headquarters and the officers and committees which were to carry on the activities of the organization were elected. The members of the War Council had announced their intention to resign on March 1, so the responsibility for the leadership of the American Red Cross would, on that date, revert to the Central Committee.

Dr. Livingston Farrand had been appointed by President Wilson as the new chairman. Dr. Farrand was graduated from Princeton University in 1888, had there taken his master's degree, had been graduated from the College of Physicians and Surgeons of Columbia University and had studied at Cambridge and Berlin. He was for nine years executive secretary of the National Association for the Study and Prevention of Tuberculosis and had served in France during the war as director of the Rockefeller Commission for the Prevention of Tuberculosis in France. This organization was later merged into the International Health Board. From 1914 until 1917 he had been president of the University of Colorado. His point of view thus embraced that of the administrator, the social service worker and the educator.

The Central Committee had as its new vice-chairman, Willoughby Walling, of Chicago. Robert Lansing represented the Department of State, John Skelton Williams the U. S. Treasury, General Ireland and Admiral Braisted the War and Navy Departments, Alexander King the Department of Justice. The new members elected by the Board of Incorporators were Mrs. Frank V. Hammar and Charles E. Scott, former general manager at National Headquarters.

The newly-appointed Executive Committee, of which Dr. Farrand was chairman ex-officio, was made up of those who represented both the old and new orders. Four members had served on the War Council; they were Mr. Davison, Mr. Wadsworth, Mr. Bliss and Mr. Scott. The new members of the Committee were General Ireland, Admiral Braisted and Secretary of the Interior Lane.

To fill vacancies caused by death, three women were elected members of the Board of Incorporators. They were Mrs. Leonard Wood, Mrs. Joseph Cudahy and Mrs. August Belmont. Mrs. Belmont had served as an assistant to the War Council

and in her the Nursing Service found a powerful and sympathetic ally.

On the eve of demobilization the American Red Cross had an adult and junior membership of over thirty millions. "Almost immediately following the Armistice," stated the Annual Report of the Society for the year 1919, "thoughtful American Red Cross leaders began to study the problem of utilizing the great Red Cross machinery developed by the war and the rich Red Cross experience acquired in the war, for peace-time needs, primarily in the United States; secondly for the welfare of humanity at large." [10] Out of this study grew the League of Red Cross Societies and in the United States, the Red Cross peace program in the interests of public health, a field in which Dr. Farrand was an acknowledged leader. The development of rural nursing and class instruction to women formed perhaps the most important and lasting phase of this program and accounts of these projects may be found in subsequent chapters.

As to the American Red Cross foreign program of emergency relief, the personnel of the Commission for France had their fingers, during 1918 and 1919, on the pulse of European public opinion. On December 17, 1918, Miss Hall wrote Miss Noyes:

> I wish I could make you understand how little the French either want or need us at the present time. In spite of the cordiality of their welcome to President Wilson, it is made apparent to us that they will be glad to have us leave their country. It is not that they do not appreciate what we have tried to do for them; but if you could see this country, as it is overrun even to the remotest corners with Americans who are buying out the food, usurping the places on street-cars, trains and theaters everywhere in France, you would appreciate their desire to have their country to themselves. I think that all members of the Red Cross organization have more and more the feeling that the sooner we can wind up affairs—doing this in the spirit in which we began work—the better it will be. The work of the Children's Bureau and the Bureau of Tuberculosis will be brought to a conclusion by the first of April. The Commissioner tells me that the work in Italy is being closed as rapidly as that in France.
>
> It would appear that at the present time, the Army is not returning large numbers of its nurses home, so it is, therefore, able to take care of its own troops without the aid of the Red Cross to any extent. This means that our military program

[10] Annual Report, 1919, p. 13.

> is very rapidly being brought to a conclusion. Groups of nurses ranging from thirty to fifty are being released every week and I am sending a good many home. There is no doubt but that at the present time you need nurses more at home than we do here. We have forty-nine nurses in Germany; they were sent up to care for American prisoners but will probably be returned to us in about six weeks.

During the winter and spring of 1918 and 1919 the Commission for France maintained eleven convalescent homes for members of the American Expeditionary Forces. A list of these institutions may be found in the Appendix.

The exodus of the American Armies from France during the first five months of 1919 was as rapid as had been their advent and the "transportation miracle" of May, June and July, 1918, was repeated in March, April and May of 1919. In the official summary of the War Department Colonel Ayres wrote:

> As soon as the Armistice was signed, preparations were made for returning the troops to the United States in the shortest possible time. This was rendered difficult by the fact that for the eastward movement, we had relied largely on the British, who carried approximately half of the troops. After the signing of the Armistice, the British needed these ships for the return of their own colonial troops to Canada, Australia and South Africa. This situation was met by the Army Transport Service, which immediately began the conversion of one large cargo ship into troop-carrying vessels. By means of these converted cargo ships, by the assignment of German liners and also by the great aid rendered by the Navy, which put at the Army's disposal cruisers and battleships, the Army is being brought back home even more rapidly than it was taken to France.[11]

During February 181,751 men sailed for the United States; during March, 212,899; during April, 290,377, and during May, 333,333, which, with the numbers of sailors and marines also returned that same month, brought the month's total to well over one-third of a million men.[12]

As the movement of American soldiers from the Western Front to the ports of embarkation began the American Red

[11] "The War with Germany," pp. 47-48.
[12] *Ibid.*, pp. 37-38.

Cross in France established a chain of infirmaries and dispensaries which were located along the line of communication and at the docks.[13] In connection with this work Miss Fitzgerald's name reappears, for to her was delegated the supervision of American Red Cross nurses assigned to this phase of demobilization service. She wrote:

> Another activity for which I have been made responsible has been the supervision of the American Red Cross infirmaries. . . . The following extracts from a report will give an idea of these activities:
>
> At Nantes, the infirmary seems to more than justify its existence. There are anywhere from 20 to 25 dispensary cases daily. In the infirmary of eight beds, patients can be placed until the ambulances are secured to take them to the hospital. If the beds are not used for this purpose, officers are allowed to sleep there at night, being charged a small fee to cover the laundrying of the bed linen. While I was there, an officer came in who had evidently just left the hospital. He was chilly and very miserable. He was at once told to lie down on the bed nearest the stove and was covered with blankets. Probably a couple of hours of rest would be sufficient to enable him to continue his journey. A corpsman is on duty at this infirmary every night, so that any accident case is cared for at any time during the twenty-four hours. The nurse in charge of the infirmary also looks after the dormitory where about seventy enlisted men may sleep either by day or night. Perhaps twenty-five exhausted men were sleeping there as I went through.

The Red Cross infirmary at Dijon, which was located in one of the main railroad stations, was a busy place during the early months of 1919. Miss Fitzgerald wrote of it:

> This particular station has practically been given over for the use of Americans. The American special train from Toul to Chaumont stops here, so a large number of our men are always to be found either just arriving or just departing from Dijon. The slightly injured find their way to the Red Cross infirmary and there receive First Aid care. Besides these men, the district surgeon's office sends to this infirmary for observation, all the men who are not fit to be on duty, but who are not ill enough to be admitted to a base hospital. Often a couple of days in bed will enable these men to go

[13] For a list of these infirmaries and dispensaries, see the Appendix.

back to duty without being transferred to the hospital at all. The nurses in charge of the infirmaries are all most enthusiastic about their work. They get very near to the men and are able to help them in many small ways.

At the dock infirmaries the nurses found perhaps the happiest work which they experienced during the European War. "Here," wrote Miss Fitzgerald, "they come in contact with men, some of them still ill, others convalescent, but all of them radiant at the thought of going home."

Brest, St. Nazaire and Bordeaux were the three principal ports of embarkation. Miss Fitzgerald wrote of the infirmary at Brest:

Its position could not be improved upon. It is on the dock from which the tugs leave to carry the patients to the transports lying at anchor outside the breakwater. The Army has put up a new shed about four times as large as the one housing the original infirmary which is still used to take care of the overflow. They have erected a new building also for the canteen department; it is next door to the infirmary and hot drinks can now be served much more easily.

I saw the loading of one boat. Several hundred, sick and wounded, passed through the infirmary in good order and without confusion. They are classed in groups such as "tubercular," "wounded," "casuals" and other types. The port authorities have their officers present checking them up and the system works well and quickly.

Ambulances and ambulance trains unload the men right on the dock. If the weather is bad or there is much delay in loading the tug, all stretcher cases are kept in the infirmary hut, are given warm drinks and are made comfortable in every possible way. If the weather is rough, the patients are here transferred to the "snow-shoe stretcher," which is better suited for embarkation purposes. Extra blankets are provided for the patients during their trip in the tugs to the transports and one or two nurses accompany each boatload.

The patients are then settled comfortably on the ship, the extra blankets are removed to be kept for future use, the patients are given what they need in the way of comforts and the Red Cross nurses and other workers finally leave them. Several times, on account of rough weather or late hours, the patients have not been allowed to come aboard the steamer and have had to be brought back by tug to the dock. In such cases, they have been kept in the Red Cross hut until arrange-

ments could be made for their return to hospitals in the neighborhood. Meals are served them by the Red Cross Canteen.

Navy Base Hospital No. 5 had received most of the "Class D" men who were returned to the United States during the early months of 1918, but in April of that year Kehuron Center was developed and later Camp Pontason. During 1919 the "Class D" men were evacuated almost entirely through the hospitals of these camps to the docks.

South of Brest was St. Nazaire, and here the American Red Cross established another large infirmary. A special dock was given over entirely for the sick and wounded. Near it was an enormous shed which had been divided into two unequal sections. The larger section was turned over to the Y. M. C. A., which looked after the welfare of well troops. The smaller section was assigned to the American Red Cross. Here Red Cross canteen workers set up counters, installed a doughnut-baker and provided facilities for feeding large numbers of men. At the farther end several cots were set up and here the Red Cross nurses held sway. Miss Fitzgerald wrote: "I was much struck by the activities which were going on at Embarkation Camp No. 7, at St. Nazaire, where over three thousand men are daily bathed, deloused and entertained in Red Cross huts. . . ."

South of St. Nazaire was the busy port of Bordeaux. Here the Red Cross dock infirmary was located in a large warehouse. Four nurses, Amarita Heath, Ida K. Neville, Emma Wilson and Ella Robinson, were assigned to duty there; Evelyn Walker was chief nurse of the Bordeaux zone and had general supervision of the work. Miss Robinson wrote:

> We took care of about 30,000 sick and wounded men on the docks at Bordeaux between December and May. Early in 1919, we had the severely wounded men. To these we gave every possible attention we could, adjusting their helpless bodies or limbs to a more comfortable position on the stretchers, reinforcing a dressing, assisting them to eat, for many of them were jaw or arm fractures and were not able to raise themselves to swallow.
>
> To each man on the stretchers, we gave pajamas, handkerchiefs, a washcloth, toothpaste and brush, cigarettes, gum and cookies and we tried to fulfill any request he might make such as forwarding a cablegram or mailing a letter or card.

> To the walking cases, we gave small packages containing handkerchiefs, cigarettes and cookies. In themselves these gifts seemed trifling and we sometimes questioned whether it was worth while, but they were gladly accepted and many times the boys would say as they took them, "Here's the Red Cross to the end!" The men were wonderfully appreciative and I think we received more than we gave.

Emma Wilson wrote that "they are too happy to need much, these boys who are going home, but they are always ready to shout for the Red Cross."

A nurse always stood at the gang-plank to see the wounded and sick safely aboard. "Thus the last thing they see as they are carried upon the boats," wrote Miss Fitzgerald, "is the American Red Cross nurse."

The first units of the American Medical Department to return home were the original six American Red Cross base hospitals, which as units of the American Army had been serving with the British Expeditionary Forces. The Presbyterian Unit, No. 2, sailed on January 25 and on March 13 the Peter Bent Brigham Unit, No. 5, embarked for home. The other four followed in quick succession; the Lakeside Unit, No. 4, sailed on March 22; the Pennsylvania Unit, No. 10, on April 2; the St. Louis Unit, No. 21, on April 13, and the Northwestern Unit, No. 12, three days later.[14] One by one during the spring of 1919 the personnel of American base hospitals and other sanitary columns in France were returned through the port of New York to Army camps and cantonments in the United States and subsequently were mustered out of the Army.

The home-coming nurses were not met with the popular acclaim with which the home-coming troops were hailed. They were not greeted at the docks with waving flags, were not asked to march in the parades. In the editorial columns of the *Journal* Miss Palmer wrote:

> We recently spent some time in New York, where the arrival of transports bringing our troops from France was a daily occurrence which was made much of by the press. . . . Practically all these incoming transports had nurses aboard. Occasionally a newspaper mentioned when summing up the

[14] "History of Nursing Activities, A. E. F., on the Western Front during the War Period," J. C. Stimson, p. 4; Surgeon General's Office, U. S. A.

> personnel of officers and men, "five or twenty or fifty women nurses" but none of them by name. . . .
>
> A few days ago, we saw a group of our nurses come off a big transport, carrying their heavy suitcases, wraps and bags, go down the gang plank that looked to be at an angle of forty-five degrees, and walk the whole length of the Hoboken pier, between rows of soldiers lined up on either side. There was not the slightest attention paid to them by any of the official groups who were there to welcome the men or by the public in general.

Almost eleven thousand American nurses were in Europe during the early months of 1919; ten thousand were serving in the American Expeditionary Forces and some seven hundred others directly under the American Red Cross. In the military hospitals, in camps and cantonments in the United States, eleven thousand others were on duty. The return of these twenty-three thousand nurses to civilian life offered difficulties of adjustment of a nature which the Red Cross, which had called them into military service, was well able to anticipate and understand. And, too, since the Nursing Service had mobilized the great proportion of these nurses into military service, Miss Noyes and Miss Delano felt a responsibility for facilitating their return to the types of nursing which had previously most interested them.

On December 10, 1918, Miss Noyes, as president of the American Nurses' Association, had written to Miss Delano:

> In view of the fact that large numbers of nurses are about to be released from service in the cantonment hospitals of this country and returned from duty overseas, it seems important that a bureau of information should be established in New York City, as the majority of the nurses will be returned through this port.
>
> The purpose of this bureau will be to serve as a sort of clearing-house through which the nurses may be directed toward opportunities for service now existing and also advised as to their future. Such a bureau would, I feel sure, be of inestimable value to the Public Health Nursing Bureau of the American Red Cross in recruiting nurses for the service. It will be equally valuable to the Visiting Nurse Associations and other forms of public health service, hospitals, training schools and other institutions which now appear to be in great need of nursing personnel.

As president of the American Nurses' Association, it was first my idea that this work should be done under the auspices of the three national nurses' organizations, as it seemed to be a professional problem. . . . The fact that the Red Cross has assigned the majority of these nurses to the Army and Navy and is in a measure obligated to continue its interest in them and render such assistance to them as seems possible, made your suggestion that the Red Cross assume the immediate control of such a bureau, most opportune and desirable. It would further appear that such an agency would be of great value in helping secure nurses for the public health service of the Red Cross.

On Monday, December 2, I presented the plan informally at a joint meeting of the Boards of Directors of the three national organizations of nurses. They were deeply interested and all expressed their general approval and appreciation of the tentative plan and their willingness to present it to their respective Boards of Directors.

It was understood that the plan presented was about as follows (no notes being taken):

1. That the Red Cross was prepared to open a bureau of information in New York City for nurses released from war service and that the three national nursing organizations were invited to place representatives in this office to assist and advise upon matters affecting the branches of service represented by the three associations.

2. It was understood that the Red Cross assume the expense of rental, equipment, clerical assistance and management.

3. It was also understood that the Red Cross would in all probability assume the management and expense during the period of demobilization. If upon the completion of this period, the Red Cross decided to withdraw, that the three national organizations continue the Bureau under their auspices if such an office seems necessary.

4. That a small Advisory Council representative of the three organizations be asked to serve in a purely advisory capacity until such time as the Red Cross should withdraw; then this Advisory Council might form the nucleus of a Board of Directors.

On December 10 Miss Delano secured Red Cross approval for the development of this plan and the further details of organization were turned over to Miss Noyes.

On December 13 Miss Delano wrote to the presidents of the three national nursing associations. She outlined the gen-

eral purposes and organization of the Bureau of Information and then continued:

> . . . It seems desirable to have the coöperation of the three national organizations of nurses, giving them the opportunity to place in the Bureau a representative who could advise the returning nurses in regard to available opportunities. . . . The Red Cross will be responsible for all expenses, except the salaries of the representatives selected by the national organizations.
>
> It will of course be necessary to secure all possible information from training schools, hospitals, public health nursing organizations and other nursing activities in regard to available positions and it is desirable that wide publicity be given to the establishment of such a bureau, so that the organizations will naturally turn there for advice.
>
> May I request, therefore, that you place the matter before your Board of Directors, asking for their coöperation and giving them opportunity to place a representative in the office.
>
> It would also seem desirable to have a small advisory committee which could assist in the development of the work. I would, therefore, suggest that in addition to the President of your organization, two additional members be selected to serve on the committee.

The Joint National Committee of the Bureau of Information was appointed early in January, 1919, and was composed of Miss Nutting, Miss Francis and Miss Noyes as representatives of the American Nurses' Association; Miss Goodrich, Miss Clayton and Miss Hilliard as representatives of the National League of Nursing Education, and Miss Wald, Miss Beard and Miss Crandall as representatives of the National Organization of Public Health Nursing. Florence Johnson was the office manager of the Bureau. She served also as a member of the Committee. Miss Noyes was chairman. During the following months the Joint National Advisory Committee stood sponsor for the development of the Bureau of Information for Nurses.

Florence Johnson was office manager, as it has been stated before, and she brought to this as to her other tasks in connection with the mobilization and demobilization of nurses, the poise and rich personal charm which characterized her pre-Armistice and post-Armistice service. Miss Johnson had had

opportunity to go overseas, first as assistant to Miss Stimson and later as chief nurse of the American Red Cross in Europe, but she elected to remain in New York. When the homing transports came in she met the nurses at the docks with the same warm enthusiasm with which she had bade them Godspeed for France eighteen months before. "She still lives on the docks," wrote a personal friend to Miss Noyes in the spring of 1919, "and every night she comes home 'a dead dog.' Can't you use your influence to make her go a bit slower or at least to take part of Sunday?"

As the development of the Bureau progressed two divisions were created, one the Division of Institutional and Student Assignment and the other the Division of Public Health Nursing.

Rachel Independence Albaugh was chief of the first-named division. She was a Maryland woman and had received her nurses' training at the Homeopathic Hospital at Baltimore. Executive experience in various Maryland institutions followed and later she was superintendent of the Grace Hospital at New Haven, Connecticut. For the next fourteen years she served as secretary of the Connecticut State Board of Nurse Examiners and from 1915 to 1919 as Inspector of Training Schools. In these capacities she conducted the valuable Connecticut State survey of nursing activities which was a precursor of the Red Cross nursing surveys. Previous to her Red Cross appointment she had been one of Miss Goodrich's staff in the Army School of Nursing.

To Miss Albaugh was delegated all detail in connection with the placement of nurses in hospitals, schools of nursing, sanatoria and other institutional positions. The Bureau of Information had on January 1 taken over the work of student enrollment from the Committee on Nursing of the Council of National Defense and also of the Army School, so the placement of these students in civilian hospitals also fell to Miss Albaugh.

Yssabella Gertrude Waters volunteered her services for four months as chief of the Division of Public Health Nursing. Possessed of independent means and many advantages of birth and education, she had, like other women of her generation, found in nursing an outlet to her desire for altruistic service and was throughout her long career a volunteer. In 1897 she was graduated from the Johns Hopkins School and soon afterwards went to Henry Street to assist Miss Wald. During the

Spanish-American War she did military nursing in the United States and Cuba. In 1899 she returned to Henry Street and remained there for thirteen years. In 1912 she undertook statistical work for the National Organization for Public Health Nursing. Her volume on *Visiting Nursing in the United States*[15] ranks as a leading source-book on the subject. Patrician in appearance and winning in personality, she brought to the Bureau of Information keen intelligence and a knowledge of public health organizations and resources perhaps unsurpassed by any woman in the United States.

After four months' organization work Miss Waters resigned and Jane Elizabeth Hitchcock followed her as chief of the Division of Public Health Nursing. Miss Hitchcock had attended Mount Holyoke College for two years and had taken special work for three years at Cornell University. She was graduated in 1891 from the New York Hospital and was for two years a head nurse of the Newton (Massachusetts) Hospital. She then went to Henry Street Settlement and for twelve years before her appointment to the Bureau of Information was superintendent of the Henry Street staff of visiting nurses.

During the early period of 1919 the day's work at the Bureau of Information consisted largely in interviewing nurses returning from France; often Miss Hitchcock and Miss Albaugh talked to thirty or more nurses each, listed their previous experiences and future interests and catalogued the cards for future reference.

Like the soldiers, the nurses were coming back physically and nervously exhausted and their one desire was to go home and rest. This attitude and the growing dissatisfaction to return to the comparatively narrow fields of private duty nursing was expressed by Laura Hartwell:

> The state of mind of some ex-members of the American Expeditionary Forces resembles somewhat the forlorn desolation of a homeless cat. While this is true of both men and women, it applies especially to the returned overseas nurse, not so much to those who return to the arms of admiring families to be petted and spoiled and urged to take a long rest, but to those who live in a trunk, as it were, and who make their homes wherever their hat happens to be. . . .

[15] Published in 1909 under the auspices of the Russell Sage Foundation, by the Charities Publication Committee, New York City.

> But at any rate, they were at home. And the first private duty case, when one returned to the white uniform, brought a certain satisfaction, but soon one's thoughts turned wistfully back to the days when slithering around in the mud, wearing rubber boots, was the usual method of going on duty.
>
> As the days passed and the patient became convalescent, the longing for a wider sphere became more acute. . . . The present somehow does not seem to fit with the past and the future of useful and remunerative work seems very distant. This attitude is, of course, to a great extent the reflection of the world's unrest, but the people who stayed at home have advanced along different lines from those who went overseas and they cannot see why the daily round cannot easily be taken up again.
>
> And then how one misses the comradeship of the life over there, where the English language was sufficient introduction, the comradeship which by force of contrast makes the bustling life at home where each one is intent on his or her own business, seem cold and unfriendly. . . .[16]

To nurses suffering from this natural psychological reaction, the Bureau of Information offered a channel of reëntry into civilian life. By September, 1919, it had proven unequivocally its value. In the Division of Institutional Assignment the names of 2333 nurses had been registered for placement. On the other hand, hospitals and schools of nursing had registered 1716 vacancies in positions ranging from superintendents of hospitals, superintendents of schools of nursing, night supervisors, instructors, charge nurses, anesthetists, laboratory and X-ray technicians, dietitians and general ward and pupil nurses. The total number of graduate nurses placed in positions by Miss Albaugh's division numbered 805; this figure, however, includes only the placements regarding which Miss Albaugh had definite knowledge that the nurse had accepted the position to which she had been referred. Great difficulty was experienced to get the nurses to report back to the Bureau after they had accepted a position.

The second major activity of Miss Albaugh's division was student assignment. Of 477 applications received from young women formerly enrolled in the Army School and desiring placement in civilian hospitals, 398 were referred to accredited schools of nursing. In this connection Miss Albaugh gave valuable information to Miss Wheeler in her revision of the

[16] *American Journal of Nursing*, Vol. 20, pp. 294-295.

list of accredited training schools, as published by the American Nurses' Association and assisted with much of the clerical details of compilation.

The activities of the Division of Public Health Nursing consisted in collecting and disseminating information regarding the general field of public health nursing; in collecting and disseminating information regarding public health nursing education, especially with reference to post-graduate scholarships; and in referring qualified public health nurses to agencies desiring their services. From February 10 to September 15, 1919, three hundred and sixty-six different public health nursing organizations applied to this division for assistance in securing nurses. "Many of the requests," wrote Miss Hitchcock, "come in wholesale. North Carolina wants twenty-one nurses for town and country work; the Tuberculosis Association, of Springfield, Illinois, wants fifty; the State department of health in a middle-western state puts in a modest request for one hundred and fifty public health nurses."

During the first seven months of its existence this division had registered the names of 1274 public health nurses or nurses interested in taking up this specialized phase of the profession and had referred 1255 of them to organizations desiring their services.

Miss Hitchcock gathered some interesting data regarding the preliminary education of nurses enrolled in her division. Eleven per cent had had only a grammar school education, 20 per cent had had college, normal or private school education, 69 per cent had had high school training. As to their preparatory work in public health nursing, 117 had had public health nursing courses while attending a general school of nursing; 75 had had post-graduate courses in public health nursing; 524 had had practical experience. The requirements of this division for registry were the same as those of the Red Cross Bureau of Public Health Nursing Service.

As the end of the demobilization period approached and the Red Cross prepared to close the Bureau of Information, the opportunity for launching a long-cherished project seemed ripe. "Almost from the beginning of our organization life," declared the editorial columns of the *Journal*, "the need for central headquarters has been talked of, first by one group of members and then by another, but there has never seemed to be a time when all the conditions were favorable."

In October, 1919, Miss Noyes made the first move toward the transfer of the Bureau of Information for Nurses from the Red Cross to the three organizations of nursing. At a meeting of the joint boards of directors of the three national organizations, Miss Noyes, as president of the American Nurses' Association, was authorized to appoint a committee to consider ways and means by which the Red Cross Bureau of Information could be transferred from the Department of Nursing to the three national organizations and used as the nucleus for central headquarters for the nursing associations. Miss Nutting was the chairman and Elsie M. Lawler, Mary S. Gardner, Katherine Tucker, Minnie H. Ahrens and Miss Noyes (ex-officio) were the members of this committee. They set to work and drew up a plan which was presented to the Board of Directors of the American Nurses' Association at a meeting held on January 15 to 16, 1920, in New York City. The report of this Committee on Transfer and of the new plan was, in part, as follows:

> The Bureau of Information for Nurses was established by the Red Cross in February, 1919, largely for the purpose of assisting nurses who have been in Army or Red Cross service. In this, it has been of notable service. . . . The time approaches when the Red Cross will no longer feel justified in continuing it. It would seem inadvisable to continue it in its present form. It would, however, take its place in a larger plan—the establishment of national nursing headquarters as a center for the work of our national associations. . . . The committee believes that the conditions are favorable for the establishment of such headquarters and that steps should now be taken toward that end.
>
> The definite work to be carried on in such a center would be limited at first to that most urgently needed. There should be: (1) offices for the secretaries of each of the three national organizations; (2) a bureau of appointment and advice; (3) a division of publicity; (4) an office for the *American Journal of Nursing;* (5) a library and reading rooms; (6) the combined clerical forces of all these departments.
>
> The expense of maintaining such a headquarters will undoubtedly be rather large, and in order to meet it much study of all our resources will be needed. It is our opinion that the needed income can be secured and in pursuance of this belief, the committee submits the following resolutions:

A. That the three national associations of nurses take over from the Red Cross the activities of the Bureau of Advice and Information.

B. That this transfer be made as soon as suitable headquarters can be obtained (if possible, be the building now housing the National Organization for Public Health Nursing) and the necessary financial and other arrangements made to conduct the work.

C. That the Bureau be taken over as a branch of a national nursing headquarters to be established in New York City, looking forward to decentralization at the earliest possible date.

D. That national headquarters include the three nursing organizations with the coöperation of the Department of Nursing of the American Red Cross.

Three ways are presented for the administration of the headquarters: (1) pooling the resources and personnel and vesting responsibility in a committee with proportionate representation; (2) A federation of the bodies concerned with a central committee which shall be advisory; (3) A combination of these two plans by which certain interests and expenses shall be shared, others handled by each association, under the direction of a committee which shall act as a board of trustees. This is the plan recommended. . . .[17]

The plan was immediately hailed with enthusiasm by the majority of nurses. It would effect great saving of time and money, as under the old order duplication in the work of the three organizations had been unavoidable. As New York was the nursing and hospital center of the United States, it seemed the logical city for a headquarters.

The American Nurses' Association met at Atlanta, Georgia, April 12-17, 1920, for its Twenty-Second Convention, and the new plan for central headquarters was presented on April 15. Miss Nutting, as chairman of the Committee on Transfer, read the report. The names of Miss Goodrich and Miss Clayton were added to the Committee on Transfer, which was later authorized to continue as the Committee on National Nursing Headquarters. After some discussion Miss MacMillan, of Chicago, moved that "the Association accept the report of the Committee on National Headquarters and authorize the organization of the headquarters." The motion was carried.

[17] For further details, see the *American Journal of Nursing*, Vol. 20, pp. 503-505.

By August, 1920, the details of transfer had been completed and the Central Headquarters established in New York City. Miss Albaugh was appointed office director representing the American Nurses' Association and the National League of Nursing Education. The Red Cross financed the project during its first year. At the joint convention of the three national organizations of nursing, which was held in Seattle between June 26 and July 1, 1922, Miss Noyes retired from office as president of the American Nurses' Association with the satisfaction of knowing that the National Nursing Headquarters would be maintained; the revision of dues which provided for an increase from fifteen to fifty cents per capita for membership in the American Nurses' Association, accomplished at this meeting, made adequate financial provision.

The establishment of a central headquarters marked the realization of a need long felt by nursing leaders; it ranked as one of the signal accomplishments of the nursing profession during the life of the Association.

A second major development of the demobilization period was the organization of a third government nurse corps, that of the United States Public Health Service. In this development the Red Cross Nursing Service played an important part by giving its interest and support to the program of the Public Health Service for the proper establishment of a corps of qualified nurses and rendered valuable assistance in recruiting these nurses for the new corps.

The United States Public Health Service had been established in the year 1798 as the Marine Hospital Service. Under a reorganization act of July 1, 1902, this service was enlarged and its name changed to that of the Public Health and Marine Hospital Service. Again in 1912 different divisions which were still in operation in 1919 were established, and its name again changed to that of the United States Public Health Service.

Two of the nine divisions of the Public Health Service were the Bureau of Scientific Research and the Bureau of Marine Hospitals and Relief. American Red Cross nurses especially interested in the care of trachoma, pellagra and other diseases had been assigned during 1918 to the special hospitals conducted by the Bureau of Scientific Research. Other Red Cross nurses had been assigned to general institutional nursing in the

hospitals maintained by the Bureau of Marine Hospitals and Relief. Among these was the large base hospital at Nitro, West Virginia, which maintained an average nursing staff of some ninety Red Cross nurses.

The Bureau of Marine Hospitals and Relief was charged particularly with responsibility for furnishing hospital care to civilian sailors, both native and foreign. During the fiscal year ending June 30, 1918, this bureau operated 20 such marine hospitals and maintained 119 other relief stations where hospital and out-patient relief was furnished to 71,806 patients.[18]

Red Cross public health nurses were assigned to the sanitary zones maintained by the Public Health Service around Army cantonments. The type of duty these nurses rendered has already been described.

Previous to the post-Armistice period Miss Noyes had selected nurses for these various types of service and had herself sent the nurses' papers directly to Dr. Rupert Blue, then Surgeon General of the Public Health Service. This arrangement was not satisfactory, however, because there was no executive nurse in the Public Health Service to whom these nurses might turn for advice and aid.

"With the signing of the armistice and the cessation of hostilities," wrote General Blue in the Annual Report of the U. S. Public Health Service for the year 1919, "arose the problem of taking care of the injured sailor and soldier after discharge from the military forces." The Bureau of Marine Hospitals and Relief was selected as the most promising machinery already in existence, and plans for an increase of one hundred per cent in the capacity of the marine hospitals and the establishment and maintenance of additional hospitals were formulated.

One of the major phases of this expansion was the provision of an adequate force to staff these hospitals. General Blue appealed to the Red Cross Nursing Service in December, 1918, for additional nurses. An early step in developing the nursing force lay in the appointment of an executive nurse to develop and supervise the work and here the Red Cross provided salary and traveling expenses until the permanent appointment of a superintendent of nurses to develop this service was made;

[18] Annual Report, 1918, of the Surgeon General of the Public Health Service of the United States, p. 296; Government Printing Office, 1918.

Lucy Minnigerode was chosen to undertake a tour of inspection of the marine hospitals. On January 10, 1919, Miss Noyes explained to the general manager at National Headquarters her recommendation that Miss Minnigerode's salary be carried on the Nursing Service budget:

> Some weeks ago, Surgeon General Blue asked the Department of Nursing to appoint a nurse as inspector of the marine hospitals. In view of the fact that we have been providing nurses for these institutions, we felt very anxious to do this, in order that we might secure uniformity and improve the standard of nursing care of the sick in these hospitals. I think Miss Delano spoke to you about this before she left.
>
> We engaged Miss Minnigerode who had previously been in charge at National Headquarters of the preparation of nursing personnel for special overseas duty, for this purpose. . . .

During January, 1919, Miss Minnigerode visited the marine hospitals at Baltimore, Savannah, New Orleans, Mobile, Memphis and Wilmington, North Carolina. She found that with the exception of the hospital at the Emigration Station at Ellis Island and the special hospitals such as the Pellagra Hospital at Spartanburg, North Carolina, few nurses had been employed in the past in these institutions. There were no adequate nurses' quarters and the nursing care of the patients was given entirely by orderlies.

Miss Minnigerode returned in February to Washington, was given a desk in the office of the Surgeon General, U. S. Public Health Service, and there she began to study the problems attendant upon the development of a nurse corps.

On March 3, 1919, Public Act 326 was passed by Congress, which authorized the Secretary of the Treasury to "provide immediate additional hospital and sanatorium facilities for the care and treatment of discharged sick and disabled soldiers, sailors and marines, Army and Navy Nurses (male and female), patients of the War Risk Insurance Bureau, and the following persons only: merchant marine seamen, seamen on boats of the Mississippi River Commission, officers and enlisted men of the United States Coast Guard, officers and employees of the Public Health Service, certain keepers and assistant keepers of the United States Lighthouse Service. . . ." and other specially named groups. "It will be seen," wrote General

Blue in his Annual Report for 1919, "that Congress thus designated the Public Health Service as the medical agency of the Government through which beneficiaries of the War Risk Insurance were to be given the necessary hospital and sanatoria treatment. This legislative action is in line with the administrative practice of the Public Health Service in endeavoring to have utilized by other Government Departments and Bureaus the sanitary and medical machinery which it has perfected."

In a letter written on March 14, 1918, General Blue announced to Miss Noyes that Miss Minnigerode had been selected as superintendent of the United States Public Health nursing service. In this position she immediately began to build up an office and field force. Obstacles attendant upon such pioneering were naturally encountered in the following months, but with the fearlessness and outspoken resolution which characterized her methods of work and with the firm support of the Surgeon General and the Red Cross, Miss Minnigerode cut her way through prejudice and conservatism and established a nursing service which employed the largest number of nurses utilized by the Government during the demobilization period.

Hospital facilities to be used for the care of personnel enumerated in Public Act 326 were to be provided through the expansion of the marine hospitals; through the maintenance by the Public Health Service of several former Army base hospitals, and through the establishment of new hospitals. The United States was divided into fourteen districts and offices for the examination and assignment to hospitals of beneficiaries of the War Risk Insurance Bureau were established in each district.

Early in 1919 arrangements were effected by which the Nursing Service at National Headquarters undertook to assign nurses to Miss Minnigerode's division. This arrangement was outlined in the official bulletin issued in April, 1919, by the Public Health Service:

> The Nurse Corps of the U. S. Public Health Service consists of a superintendent of nurses, chief nurses, nurses and reserve nurses.
>
> Assignment to duty as chief nurse is made by the Surgeon General upon recommendation of the superintendent and after the candidate has furnished satisfactory evidence that she meets the requirements of such service.

The position of chief nurse in a hospital of the U. S. Public Health Service, so far as conditions permit, is equivalent to that of superintendent of nurses in a civilian hospital. She will have general supervision under the medical officer in charge, of all the nursing service in the hospital and is expected to instruct the nurses assigned to that hospital in the duties peculiar to the Marine Hospital Service.

Nurses

Application for the appointment of nurse in the Nurse Corps of the U. S. Public Health Service should be made to the Surgeon General U. S. Public Health Service, who will direct that the necessary information be sent to her. For the present and until the Nurse Corps is established, the Nursing Department of the American Red Cross has been requested to assign the nurses to these hospitals, and the applicants must therefore meet the requirements for enrollment in the Red Cross. The Red Cross assigns the nurses for a period of six months, after which time the appointment may be made permanent. . . .

Appointments

Applicants who meet the requirements of this service will be placed on the eligible list for appointment as their services may be required. . . .

The first six months after appointment shall be considered as probationary period, to observe the fitness of the nurse for this service and her adaptability to conditions in marine hospitals. If during the six months, a nurse has given satisfactory service and has met the requirements of the Marine Hospital Service, she may then become a permanent member of the Nurse Corps, if she so desires. She must then, however, conform to the regulations of the Civil Service Commission. . . .

Prior to July 1, 1919, nurses in the Public Health Service received $70 a month for the first two years of service, with proportionate increases for longer terms of service. After July 1, 1919, the salary was increased to $80 a month. Chief nurses received a base pay of $90 a month, which was later increased to $100. Quarters, subsistence and laundering of uniforms were furnished and the nurses received thirty days' annual leave and thirty days' sick leave, if necessary, within a given year.

The uniform to be worn in the wards was a white cotton, one-piece dress, with white shoes and stockings. Nurses assigned to the Public Health Nurse Corps who were members of the Red Cross Nursing Service were permitted to wear the Red Cross indoor uniform and the Red Cross cape. However, if they were accepted as permanent members of the corps, they were expected to secure the regulation uniform of the corps. Later an outdoor uniform, which was forest green in color and which consisted of oxford coat and skirt, was authorized. The insignia of the Public Health Service was a bronze design consisting of the coiled serpent of Æsculapius with a bronze anchor superimposed upon it.

Perhaps because the work in the marine and other hospitals of the Public Health Service dealt with the ex-service men, or because the arrangement effected by the Red Cross offered temporary employment until the nurses could make up their minds regarding the type of permanent civilian work they wished to enter, the Public Health Service was for a time very popular with the demobilized nurses. By July 1, 1922, the American Red Cross Nursing Service had directly assigned 628 of its nurses to the Public Health Nurse Corps and had recommended for appointment the names of approximately fifteen hundred others. During February, 1920, the Nursing Service at National Headquarters sent the papers of an average of twenty nurses a day to Miss Minnigerode's division.

By the end of the fiscal year 1920 the Nurse Corps of the Public Health Service had a strength of 1100 nurses. Miss Minnigerode had as her assistant Clare Gaffney, a graduate of the Maryland General Hospital School, of Baltimore. Miss Gaffney had served in Sanitary Zone No. 9 for twenty-two months, and in November, 1919, had been assigned to Washington as assistant superintendent. Miss Minnigerode's staff also included a second assistant, Mary Ruth Swan, who was detailed partially to the Washington headquarters and partially to field supervision. Meta C. Brooke and Mabel K. Adams were also assistants to Miss Minnigerode and were assigned to duty largely in the field. "Coöperative relationships had also been established," stated the Annual Report of the Public Health Service for the year 1920, "with the Federal Board for Vocational Education with regard to a small nursing force which had been found necessary for the prosecution of medical care for trainees of that Board." These nurses did

general medical and social service "follow-up" work. They were under the supervision of Mrs. Katherine C. Hough, who was on duty in the office of the Chief Medical Officer of the Federal Board.

The Annual Report of the Public Health Service for the year 1920 continued:

> . . . The greatest problem with which the nursing section has been confronted is the inability to secure an adequate number of well-trained nurses suitable for the work. . . . In addition to this the rapid organization of a female nursing corps has thrown new burdens on the Public Health Service in the matter of securing adequate quarters and perfecting an organization for the discipline of so large a corps. These problems are being met gradually but the question of quarters still remains a difficult one. . . .
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> In the discipline of the nursing corps there has been found to exist a certain spirit of unrest which is by no means confined to any one group of persons, and this has resulted in a very large turnover, which it is hoped may be avoided during the coming year because it does much to militate against the efficiency of the Corps and renders more difficult the establishment of a high morale. . . .

During the period between June 30, 1920, and July 1, 1921, the coöperation with the American Red Cross continued indirectly, but the nurses were referred to the Public Health Service Nurse Corps with recommendation for appointment rather than assigned directly, as had been the procedure under the initial agreement. Of the 1350 nurses apointed during this fiscal year, only 269 were recommended through the Red Cross; the other 1081 were recruited through Miss Minnigerode's office. However, the publicity given to the needs of the Public Health Nurse Corps by the Red Cross and the efforts of Red Cross Division Directors of Nursing were instrumental in securing these nurses. During this period the further development of the Nurse Corps progressed, educational projects were launched and a far more satisfactory *esprit de corps* was built up among the nurses. One-fourth of the nurses who resigned from causes other than ill-health and marriage, asked for reinstatement.

By order of the Secretary of the Treasury, on April 19, 1921, all the activities of the Public Health Service which

related to the beneficiaries of the Bureau of War Risk Insurance, except those activities relating to the operation of hospitals and dispensaries, were transferred from the Public Health Service to the Bureau of War Risk Insurance. The Sweet Bill, which was approved by Congress on August 9, 1921, legalized this order and created the Veterans' Bureau. By an Executive Order of May 1, 1922, all hospitals caring for ex-service men and women were transferred on that date from the Public Health Service to the Veterans' Bureau and on July 1 all dispensaries, with the result that some thousand nurses of the Public Health Nurse Corps were automatically shifted from Miss Minnigerode's division to that of the superintendent of the Nurse Corps, Veterans' Bureau. The Nurse Corps of the Public Health Service continued, however, to be maintained to staff the hospitals and dispensaries of the former Bureau of Marine Hospitals and Relief and Reconstruction aides and dietitians were placed in Miss Minnigerode's division when the hospitals were transferred. On July 1, 1922, this division had a total strength of 450 nurses, dietitians and aides.

The Nurse Corps of the Veterans' Bureau numbered in the summer of 1922 some fourteen hundred nurses—those of the former Public Health hospitals, those of new hospitals of the Veterans' Bureau and those of the Federal Board of Vocational Re-education. Mary Agnes Hickey was the newly appointed superintendent. Mrs. Hickey was born in Ireland and was graduated in 1900 from St. Mary's Hospital, Brooklyn, New York. She had extensive experience as a nurse instructor and as a school nurse. She went overseas in 1918 for service with the Red Cross Children's Bureau but in the military shortage was assigned to the *Service de Santé* to nurse American wounded in French hospitals. She was transferred to the Army Nurse Corps late in 1918, returned to this country during the following year and in August entered the Public Health Nurse Corps, where she later served as Miss Minnigerode's assistant.

At the present date of writing the organization of the Nurse Corps, Veterans' Bureau, has not been entirely perfected. However, the first indication that the Veterans' Bureau would look to the Red Cross Nursing Service as its reserve, as had the Public Health Service, was contained in a letter addressed to Miss Johnson on July 5, 1922, by Colonel Robert U. Patterson, assistant director of the Veterans' Bureau and formerly

chief of the Red Cross Bureau of Medical Service in 1914. Colonel Patterson said in part that "the Bureau desires to call your attention to the existing shortage of nurses for duty in the U. S. Veterans' hospitals and to request that you do whatever you are able toward recruiting nurses for this service. . . . To be eligible for appointment to this service," he added, "nurses must be citizens of the United States, graduates of recognized training schools for nurses, registered and able to qualify under the regulations of the Civil Service Commission. The salaries of nurses include quarters, subsistence and laundry, and are as follows: staff nurses, $960 per annum; head nurses, $1020; assistant chief nurses and acting chief nurses in hospitals of less than 200 beds, $1200, and chief nurses in hospitals of 200 beds or more, $1584 per annum. Vacancies in the higher grades are filled by promotion from a lower rank, rather than by new appointments."

During the European War the casualty rate among American nurses in military service seemed high. The principal cause was disease. No nurses were killed in action. Four were wounded in enemy air raids. In view of the fact that nurses belong to the sanitary service and that the sanitary service is a non-combatant branch of the Military Establishment, a branch protected in previous modern wars by international agreement and commonly accepted principles of humanitarianism, this figure is unique in the history of American war nursing. The American nurses wounded in line of duty were Beatrice Mary MacDonald, a nurse member of Base Hospital No. 2, who was wounded August 17, 1917, while on detached duty at Casualty Clearing Station No. 61, British Expeditionary Forces; Eva Jean Parmelee, of Base Hospital No. 5, who was wounded September 4, 1917, while on duty at her base, No. 11 General Hospital, British Expeditionary Forces, Dannes Camiers, France; Isabelle Stambaugh, of Base Hospital No. 11, who was wounded March 23, 1918, while on detached duty at No. 42 Stationary Hospital, British Expeditionary Forces, Amiens, and Jane Jeffery, an American Red Cross child welfare nurse assigned to military service, who was wounded on July 15, 1918, at American Red Cross Hospital No. 107, Jouy-sur-Morin, France.

Of the 23,000 American nurses in military service from April 6, 1917, to November 11, 1919 (this figure does not include those assigned to influenza relief nor those working at

Red Cross Chapter, Division or National Headquarters or serving upon Red Cross enrollment committees), over three hundred died from diseases contracted in line of duty, and 449 others suffered total or partial disability—a total of some 749 nurses. Thus three out of every hundred nurses either died or suffered temporary or permanent disability from war nursing service.

The number of Army nurses who died during the participation of the United States in the European War was 268; of this number 218 were reserve members and 50 were regular members. The number of Navy nurses who died during the same period was 28; of this number 24 were American Red Cross nurses, one was a reserve nurse but not assigned through the Red Cross and three were regular members. Thus the number of American Red Cross nurses who died in line of duty with the Army and Navy was 242. Forty other Red Cross nurses died in other types of war nursing, so the total of American Red Cross nurses who died in line of duty in the European War was 282.

Four American Red Cross nurses died in line of duty with American Red Cross commissions or allied relief organizations overseas. The first of these was Nina Louise Seymour, who died from pneumonia on October 10, 1918, at American Red Cross Hospital No. 114, at Poule, France; the second was Nettie Grace McBride, who succumbed to typhus fever on December 23, 1918, at an American Red Cross hospital at Tumen, Siberia. Jane Delano was the next nurse to die under the Red Cross flag, and on May 17, 1919, Edith May Winchester died from typhus at Erivan, Armenia, while on duty with the Armenian and Syrian Relief Committee. Three others of the 282 nurses were killed by accidents; one when the airplane in which she had been taken for a flight crashed, and the other two in the accident on the S. S. *Mongolia*. A full list of the Red Cross nurses who died in military service may be found in the Appendix.

Of the 449 nurses partially or permanently disabled, some twenty-five per cent suffered from tuberculosis.[19] The high

[19] This figure was taken from information furnished by American Red Cross nurses who filled out the questionnaires issued by Division Departments of Nursing to all ex-service American Red Cross nurses. According to a compilation prepared in the statistical division of the Surgeon General's office, the percentage of tuberculosis among nurses admitted as patients in Army hospitals was much lower.

rate of tuberculosis came, it is thought, from general lowered vitality due to the lack of proper heating facilities and the long hours of duty. On questionnaires later sent out by the Red Cross, disabled nurses stated that they had first suffered from heavy colds but had not stopped to report them and take the needed rest because they appreciated that their inactivity would place the burden of their work on the shoulders of their already overburdened sister nurses. While the Red Cross made every effort to secure a thorough physical examination before the nurse was admitted to the Red Cross and military services, this was not always possible; some of the examining physicians were thorough but some were lax. Upon reëxamination after they had seen service in the Army, there were nurses who were found physically unfit and discharged. Yet even with every effort on the part of the Army to sift out these nurses, it is quite possible that many nurses whose vitality was not sufficient were retained in Army service because of the acute shortage of nurses and the brief time within which the Army and the Red Cross was called upon to mobilize.

Public Act 326, which, it will be remembered, was the Congressional authorization for the hospital care and treatment of beneficiaries of the Bureau of War Risk Insurance, had especially named Army and Navy nurses as eligible for its benefits. American Red Cross nurses on duty with the Army or the Navy in this country or overseas were cared for in special infirmaries maintained for sick nurses by the base hospital to which they were attached. As reserve members of the Army and Navy Nurse Corps, they were eligible to all benefits of Federal care, compensation and reëducation. During 1918 Army nurses convalescent in this country were sent to recuperate at Seabright, the country estate of Mr. and Mrs. Jacob Schiff, which the New York philanthropist and his wife had turned over to the Army. Seabright was located at Redbank, New Jersey, and "was not merely a house but just a big, beautiful sunshiny home, with everything in it that the family had loved and enjoyed," wrote M. E. Hines, an Army nurse. "It offers every comfort one could imagine," she continued. "It is more like a fairy tale than real life, for it is actually true that we felt the atmosphere of the hominess, the hospitality, the peace and rest as soon as we entered . . . and although we were sent by the Government, and some came reluctantly and almost in tears because they didn't know or couldn't conceive what kind

of a place it was, we left more reluctantly, because nowhere is there another place like it." [20] Seabright was maintained entirely by the generosity of its owners, although the Army Nurse Corps had supervisory authority over the nurses sent there. The length of stay ranged from two weeks to three months, depending on the needs of each patient, and the nurses were entertained at no cost whatsoever to themselves. Mr. and Mrs. Schiff also gave much of their time and interest to the nurses. Seabright was closed during the last days of October, as the heating facilities were inadequate for the winter months.

Early in January, 1919, a rest house for nurses was opened at Riverdale, New York, the former homestead of Grace Dodge, the New York woman philanthropist who did much for the establishment of the Young Women's Christian Association and the Central Club for Nurses in New York City. Mr. and Mrs. Cleveland Dodge offered the use of the Riverdale estate to the Army Nurse Corps and continued its maintenance until the spring of 1920. The interior of the house was charming and the grounds sloped down to the Hudson River.

The manner in which sick Army nurses were cared for overseas was described by Miss Stimson in her "History of the Nursing Activities, American Expeditionary Forces, during the War Period on the Western Front:"

> Sick nurses have been cared for in various ways. In some hospitals, such nurses were kept in quarters. This method is unsatisfactory and should be followed only when no other provision is available. Some hospitals have made a special part of the nurses' quarters into an infirmary and have assigned nurses to duty there as though on regular duty in the hospital wards. This plan is second best. The most satisfactory scheme is to have a ward or part of a ward of special rooms in the hospital proper set apart as a nurses' infirmary, to which all nurses unable to go on duty for any physical reason whatsoever are sent at once and where they receive regular care as patients.
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> In some centers, it has been found advisable to have a center infirmary in one of the hospitals, to which all the sick nurses of all the hospitals of the center are sent. While this plan of concentration made for economy of supplies and nursing staff, it has not worked out satisfactorily in every instance, owing to the prejudice which existed in the minds of

[20] *American Journal of Nursing*, Vol. 18, p. 172.



Sick Nurses' Quarters, U. S. Navy Base Hospital No. 1, Brest, France.

most sick nurses to being cared for in a hospital not their own and by nurses and doctors who were strangers to them.

Miss Stimson described the method by which sick and disabled Army nurses were returned to the United States from foreign service:

> The evacuation of sick nurses, after the usual classification by a medical board, was through Base Hospital No. 8 at Savenay up to February, 1919, when Base Hospital No. 113 was made the place of collection for patient nurses.
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> The following paragraph in a letter dated March 3, 1919, from the Superintendent of the Army Nurse Corps to the Director of Nursing, A. E. F., stated the plan for the disposition of sick nurses upon their arrival in the United States: "Those who arrive in the United States as patients may go home if they themselves desire to do so, provided they make an official request for relief from service, stating at the same time that they desire to forego further treatment at government expense. The Medical Department is most desirous of giving all nurses every opportunity to regain so far as possible their normal health, so unless the nurses themselves desire to go home, they will in all cases be furnished with proper care as long as it is needed.

When acutely sick and disabled nurses arrived in New York they were, if they so desired, sent directly to Army base hospitals in this country for further care. Yet among the many home-coming nurses were women whose sickness and disability had not yet become acute enough for them to have requested hospitalization. They returned to New York, got their discharge from the Army and plunged into civilian nursing again, only to find that their health had been undermined and that they were unable to work. The nurses suffering from tuberculosis offered examples of this type of incipient disability. They were, however, still eligible for Federal aid, but there was no provision for their treatment and care during the period when they were establishing their claims or during convalescence, after they had been discharged from hospitals of the Public Health Service. For nurses sick or disabled in Red Cross foreign service, there was no provision whatsoever.

The four women whose position best enabled them to befriend and aid sick and disabled nurses were Florence Johnson and Christine Nuno, at Atlantic Division Headquarters; Miss

Noyes, at National Headquarters, and Miss Minnigerode, in the Public Health Service. Miss Johnson and Miss Nuno met the sick nurses on the docks and their interest and sturdy labors did not cease until each nurse had claimed and received the care and compensation provided by Federal law for Army and Navy nurses or by National Headquarters for nurses under special Red Cross service overseas.

Christine Nuno was Miss Johnson's assistant. She had been graduated in 1914 from the School of Nursing at St. Luke's Hospital, New York City. She was for some months chief nurse of the base hospital at Camp Meade, Maryland, and was then transferred to New York and served as chief nurse of Debarkation Hospital No. 5. In June, 1919, she was discharged from the Army and went to Atlantic Division Headquarters to assist Miss Johnson in locating and caring for sick nurses, a task for which her unfailingly happy disposition made her admirably fitted. Beneath a manner bubbling over with sheer exuberance of spirits, she possessed a very real and deep sympathy for each and every one of the sick nurses whom she piloted through the mazes of Federal adjustment. Her good cheer seemed limitless, her enthusiasm could not be cooled by any amount of red tape and delay, and in her company the sick nurses took heart and laughed with her.

Through the Red Cross Bureau of Information for Nurses, Miss Johnson and Miss Nuno came in contact with many sick and disabled nurses who were being held in New York pending investigation and hospitalization by the Public Health Service. These nurses needed good accommodations and supervisory aid in presenting their claims; however, the prices existing in New York hotels were beyond their resources, especially since the majority of them had not yet begun to receive compensation from the Veterans' Bureau. The Atlantic Division accordingly engaged accommodations for ten nurses at an excellent hotel on Madison Square, and sick and disabled nurses were cared for there without charge until their claims were settled and they could leave New York. As soon as the numbers of sick nurses passing through New York decreased, these rooms were relinquished. At the same hotel were quartered the students of the Army School of Nursing who were taking their public health training at Henry Street Settlement. The Surgeon General of the Army had requested assistance from the Red Cross to enable these students to secure instruction in public health nurs-

ing, and the Executive Committee on January 13, 1921, appropriated a fund of $40,000 for their maintenance while they were at Teachers' College and Henry Street.

The hotel on Madison Square provided comfortable quarters for sick nurses detained in New York City but did not meet the need for a convalescent home where nurses might live several weeks in the country at reasonable expense and in attractive surroundings. On July 1, 1920, "The Evergreens," a twelve-acre country estate at Bay Shore overlooking Great South Bay on the southern shore of Long Island, New York, was leased and opened as a convalescent home. In the Annual Report for the year ending June 30, 1921, Miss Noyes wrote of the Bay Shore Convalescent Home:

> Its use was not restricted to Red Cross nurses alone and it has been patronized by the United States Public Health Service, the War Risk and the Federal Boards. During the past twelve months, 294 nurses have sojourned there and have derived great benefit from the opportunities for relaxation and convalescent care. Mabel Fletcher, a Red Cross nurse, is the hostess. Up to June 30, 1921, the expenses of running the house had amounted to $12,917 but it is felt that the value of this convalescent home to the nurses and to the Red Cross cannot be easily measured in money. . . . The majority of the nurses not only pay their way but frequently supplement their board bills with money donations of appreciation. In this way, much of the expense has been met.

Throughout the period of demobilization, nurses were slow to report their disability to the field representatives of the Bureau of War Risk Insurance and to claim hospitalization and vocational reëducation. The following arrangement, as reported by Miss Minnigerode, was finally effected:

> It should be a matter of common knowledge, from the wide publicity given this Act, that nurses also are eligible for treatment under the Bureau of War Risk Insurance. The Public Health Service in coöperation with the American Red Cross, has agreed that the Red Cross Division Directors of Nursing may refer cases of nurses requiring treatment to the district supervisor of the Public Health Service, who will give instructions as to the procedure required to obtain treatment and who will also make arrangements for the hospitalization of nurses needing care.

> In order to facilitate action, four Division Directors of Nursing in different parts of the country have been appointed as consulting officers in the Public Health Service, with authority to confer with district supervisors concerning treatment for nurses. These nurses are: Florence M. Johnson, New York; Jane Van de Vrede, Atlanta; Lyda Anderson, St. Louis; and Lillian L. White, San Francisco.
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> Nurses are also eligible under the Federal Board of Vocational Education and can take any training they desire, in just the same way as do soldiers. . . . Any nurse physically unable to pursue her nursing work, as a result of her military service, should be eligible. Application for this training should also be made to the Red Cross Division Director of Nursing, who understands how to reach the Federal Board and how arrangements for vocational education should be made.[21]

Still the nurses continued to hold back from claiming Federal aid. Now and then word of an unusually unfortunate case would percolate to the office of one of the four Division directors and she would investigate the case, but this system was highly unsatisfactory. In 1921 Miss Johnson sent out a questionnaire to every ex-service nurse in the Atlantic Division and the information received proved of such value in locating disabled nurses that Miss Noyes authorized all the Division directors to send out similar questionnaires. The following is an example of the questionnaire used; as filled in, it is typical of the answers received from many nurses:

Division: Pacific Questionnaire Date: *April 20, 1922*

1. Name: *W——, Lucie M.*
2. Address, Temporary:
   Permanent: *1215 18th St., Sacramento, Calif.*
3. Red Cross Badge Number: *2742 (Joined Red Cross in 1912).*
4. Date of appointment to service: *December 27, 1917.*
5. Date of discharge from service: *March 27, 1918.*
6. Service with Army: *Yes*
   Navy
   Red Cross: *Yes*
   U. S. Public Health Service Sanitary Zone Emergency, Influenza Epidemic, Disaster, etc.
7. Condition of health on discharge: *physically exhausted.*

[21] *American Journal of Nursing*, Vol. 20, p. 801.

8. Condition of health at present time: *good.*
9. Approximate date of illness, if any and where: *October 1, 1915, in New York City. It was this illness of nervous exhaustion which rendered me unfit for extensive Army service.*
10. Have you notified the Veterans' Bureau or the Red Cross Nursing Service: *No.*
11. Are you drawing compensation from the Veterans' Bureau: *No.*
    Date granted.
    Number.
    Hospitalization, if any.
    Name and address of doctor by whom examined.
12. Remarks: *See above.*
13. Vocational training: *Yes, at my own expense.*
    Number.
    Where: *Simmons College, Boston, Mass.*
    What kind: *Public health nursing course.*
    Length of course: *nine months.*
14. Remarks: *Have never asked benefits for myself from the American Red Cross.*
15. Date granted.
16. Present occupation: *Public health nursing covering Sacramento County under direction of American Red Cross, Sacramento Chapter.*

As an example of the further interest which the Red Cross took in the ex-service nurse, when the questionnaire came into Pacific Division headquarters, Miss White, Division Director of Nursing, referred it to the Red Cross Bureau of Post-War Service, which was a continuation of Red Cross Home Service for ex-service men, and the director wrote the following reply to Miss W——:

> Miss Lillian L. White . . . has handed me your questionnaire of April 20 for acknowledgment and reply. We note that your present physical condition is fair, but that you were in poor health at the time of your discharge, probably caused by an aggravation of an illness suffered prior to enlishment. In order that your future interests may be safeguarded, may we state that the sub-district office of the Veterans' Bureau, Merchants National Bank Building, Sacramento—that branch of the Government responsible for the administration of the War Risk Act—is authorized to extend medical care, hospitalization, compensation and vocational

> training to former reserve members of the Army Nurse Corps, who may now be incapacitated with disabilities which are a result of military service. We are offering this information, should a relapse of the illness you suffered prior to your service with the Army Nurse Corps occur, which might make you eligible to the benefits of the War Risk Insurance Act.
>
> If you have any unadjusted claims against the Government such as liberty loan allotment, adjustment of back pay, this office is available to serve you.

Of the 449 disabled nurses, twenty-two were nurses who had incurred their disability while in active service under the American Red Cross. To care for them and for other members of its overseas personnel who became ill in line of duty, the Commission for France established a special hospital, American Red Cross Hospital No. 101, at Neuilly, near Paris; it was arranged that sick members of other American welfare organizations could also be sent to No. 101.

Owing to the exorbitant prices which prevailed in France in 1918, need arose for a convalescent home where nurses on Army, Navy and Red Cross service might go to recuperate when they no longer needed hospitalization. The Nurses' Bureau at Paris Headquarters in July, 1918, opened a convalescent home at Le Croisic, a quaint little fishing village on the Brittany coast. The house was located on a stretch of sandy beach overlooking the ocean and had accommodations for one hundred nurses on convalescence or on leave. "The good food, the fresh, bracing air, the fine bathing and the picturesque Breton peasant life," wrote Miss Hall, "combined to make La Croisic an ideal resting place for nurses and workers worn with the strain of war service. The rates of ten francs a day were most reasonable and brought the home within the means of all."

In November, 1918, the home at Le Croisic was closed on account of the climate, and the Hotel du Cap at the Cap of Antibes, near Cannes, in the Riviera, was opened January 6, 1919, as a substitute. Accommodations were developed to receive some two hundred convalescent Red Cross women personnel there. Five public health nurses were sent down to do visiting and general nursing. Kate C. Hough was the supervising nurse. Mrs. Hough was a graduate of the Newark City Hospital School of Nursing and had done private duty, hospital, district and industrial nursing prior to her assignment

in March, 1918, to the Red Cross Children's Bureau. For some six weeks during the military crisis of the summer of 1918, Mrs. Hough cared for American wounded in French hospitals under the special arrangement effected by the American Red Cross and the *Service de Santé*. With this wide experience and with native executive ability and initiative, she developed at the Hotel du Cap at Cannes a convalescent home which the nurses who visited her described as ideal. The location was one of rare beauty, the food was excellent and the atmosphere which permeated the hotel one of kindly interest and solicitude.

Many of the nurses who served overseas with the American Red Cross were returned to the United States on Army transports. When those who had been taken sick or had been disabled in Red Cross service arrived in New York they were temporarily cared for at the hotel on Madison Square or at Bay Shore until settlement of their Red Cross insurance could be effected. The provision made for them by National Headquarters was the same as that made for all Red Cross workers in foreign service. As this arrangement was unique in the history of insurance, a brief account of it will be given.

Previous to 1917 the Executive Committee had individually considered every case of sickness, disability or death of a Red Cross worker and had made specific recommendations on each, but with the large numbers of Red Cross personnel who were being sent overseas in 1917 it was seen that a more standardized arrangement would have to be effected. At a meeting held September 28, 1917, the Executive Committee instructed the War Council "to make an investigation of plans for providing insurance for persons engaged in Red Cross work in foreign countries . . . and to report to the Executive Committee for action."

The War Council immediately appointed a National Advisory Committee on Insurance, the members of which were the actuaries of the foremost insurance companies in the United States. Arthur Hunter, chief actuary of the New York Life Insurance Company, was the chairman; Hendon Chubb, adviser to the Bureau of War Risk Insurance and an authority on marine insurance, was one of the members. Among other members were R. Henderson, actuary of the Equitable Life; A. A. Welch, of the Phoenix Mutual; George Woodward, of the Metropolitan Life; Henry Moer, of the Home Life; Wendell M.

Strong, of the Mutual Life; B. D. Flynn, of the Travelers Insurance Company, and J. H. Woodward, actuary of the New York State Industrial Commission.

The Insurance Committee immediately began to investigate the possibility of having Red Cross overseas personnel included under the War Risk insurance laws as Federal liabilities, in that the Red Cross was a semi-governmental organization. Congress was approached on the subject but it was decided that if the benefits of the War Risk Insurance and disability laws were extended to Red Cross workers, they would have to be extended also to the workers of all welfare organizations, a procedure manifestly impossible. Moreover, commercial companies refused to insure Red Cross personnel going into foreign service; they felt the risk to be too great because Red Cross foreign service called for the assignment of nurses, ambulance drivers, outpost and line of communication canteen workers to points second only in danger to that of the front line. Hence with the doors of Federal and commercial aid closed to its overseas personnel, the majority of whom were men and women of moderate means with one or more dependents, the War Council felt that the Red Cross must devise its own insurance.

Accordingly, the Committee prepared several plans and submitted them to the War Council, which recommended to the Executive Committee that the so-called "second plan," with various modifications from time to time, be accepted. The Executive Committee at a meeting held on December 6, 1917, approved the following plan, which was without cost to the workers:

> The Red Cross has procured life, health and accident insurance for its workers abroad. . . . The insurance granted is substantially as follows:
>
> 1. A policy of life insurance on the term plan in the sum of $1000 for each worker,—payable in event of death or in event of total and permanent disability from any cause, payment for total and permanent disability to be made at the end of two years from date of disability, and, in the meantime, the worker receives the weekly indemnity described in the next paragraph.
> 2. A policy of accident and health insurance which provides for the payment of weekly indemnities of $20 per week in the case of total disability resulting from bodily injury or disease, and, in addition, provides for the payment of

> $500 in the event of certain permanent injuries as mentioned in the policy.
>
> The weekly indemnity payments are to commence four weeks from the date of disability and continue until disability ceases, not exceeding a total period of two years from date of disability. During the first four weeks necessary medical care and attention will be furnished by the Red Cross without cost.

In adopting this plan the Red Cross appreciated that this sum of $1000 would not be adequate to provide for a beneficiary totally disabled in Red Cross foreign service. Such a provision lay wholly beyond the powers of the society. However, National Headquarters felt that this health and accident insurance and this sum of $1000 in case of total disability lay within Red Cross resources and would prove of some real assistance to a disabled worker or to his or her beneficiary.

In developing this plan the Red Cross set up at National Headquarters in April, 1918, a Bureau of Insurance, of which Robert C. Rathbone, of New York City, was the director. He was followed in October of the same year by Winfield A. Wilson. Mr. Wilson had been engaged previously in insurance work in Washington and he had charge of the seven phases of insurance which were used by National Headquarters to protect the Red Cross in its many activities.

The plan for life, health and accident insurance included the utilization of large commercial insurance companies to which the Red Cross paid premiums, so that the Red Cross might profit by the field organization of the large companies. In the matter of the payment of premiums the Red Cross encountered the first "snag." State and Federal law declared that insurance premiums must be a fixed premium; the Red Cross, however, was loath to have any profits accrue from contracts which they were obliged to place, so the Advisory Committee appealed to the Insurance Commission of the State of New York (the hub of the insurance world) to have an exception made to embrace the Red Cross plan, which provided that all premiums, minus actual losses, taxation and a small charge for service, should revert to the Red Cross. The Commissioner vetoed the appeal but the Advisory Committee carried it to the Legislature of the State of New York, where the existing laws were amended, making possible the Red Cross insurance on a non-profit basis.

The result of this ruling was seen when on December 1, 1919, the Red Cross by vote of the Executive Committee decided to self-assume the life insurance and permanent disability clauses of its insurance. This decision brought an accounting whereby the sum of actual losses, taxation and a small charge for service were deducted from the total amount of premiums paid from time to time by the Red Cross to the insurance companies, and the balance was returned to the Red Cross. This sum amounted to $264,000.

Several months after the Red Cross had assumed this phase of its insurance, the Executive Committee, upon Mr. Wilson's recommendation, voted a change in the plan of payment of the $1000 due under the total disability clause of the life contract, to the disabled worker. The original provision called for payment of the face of the contract amounting to $1000 if at the end of two years the disability was adjudged to be of a permanent and total character. This clause was changed so that at the end of the two-year period the worker having received the indemnity under the health and accident policy paid only for total disability, would, if disabled, be considered totally disabled within the definition of the provision, whereby the $1000 would be paid in weekly installments of twenty dollars each instead of in a lump sum. This change was made because of the obvious difficulty of determining, even by medical examination, what constituted permanent disability. The new contract insured to the disabled worker a steady income for practically another year. After the expiration of this fifty weeks' allotment the case was closed. In the case of death of the insured, the sum was paid in a lump sum to the beneficiary.

National Headquarters continued, however, to handle its health and accident insurance through the Travellers' Insurance Company that it might be benefited by the assistance of the field staff of that company in preventing malingering.

The provisions described above protected Army, Navy and Red Cross nurses assigned to duty with Red Cross foreign commissions. No protection was, however, available for Red Cross nurses who became sick or disabled while temporarily assigned by the Red Cross to influenza relief in cantonment hospitals or in emergency hospitals established for the civilian sick. Cases of this type were numerous and finally in 1920 Miss Noyes succeeded in getting National Headquarters to include them among Red Cross responsibilities. But they were never in-

cluded in the insurance plan, which was purely for the benefit of Red Cross workers in foreign service for the society.

Such were the government and Red Cross provisions for sick and disabled nurses. Yet even in the best regulated and equipped hospitals of the Public Health Service, or in the luxurious and sympathetic environment at Bay Shore, the plight of the disabled ex-service nurse was as pitiable as that of the disabled ex-service man. Mental cases could not be admitted to Bay Shore, and perhaps some of the bitterest agony of the war was endured by nurses in government hospitals—nurses who were trying to regain their mental and nervous poise; like the shell-shocked ex-soldiers, nothing seemed worth while and they often ate their hearts out in long periods of extreme melancholia.

Not the care given or not given to exceptional cases but that given to the rank and file will have determined whether or not the Government and the Red Cross met their obligations toward the women who sacrificed health and means of livelihood in order that American men might have skilled nursing care in their hour of need. Cases of neglect may have occurred just as likely as cases of "goldbricking," that term applied to soldiers and nurses pauperized by too much help. That the Government and the Red Cross did its duty generously and in kindly spirit to at least one sick and disabled nurse and that this aid was truly appreciated, is shown in the following letter written to a Red Cross Division Director of Nursing by a disabled ex-service nurse:

> Your very kind letter . . . came on Monday, and in reply I would like to say that I have been receiving full compensation since my discharge from the Army. I must say, too, that nothing could exceed the kindness and consideration and good care with which I have been treated since I first took ill in October, 1918. I was in five different hospitals in France and three in the United States and in every one of them I was treated with the greatest kindness and I know I owe my life to the care I received. I wish I could make you understand how much I appreciated it all. My long illness, pneumonia, followed by empyemia, was made bearable and, between the painful periods, very pleasant. I have read and heard many complaints from nurses regarding their treatment in the Army, but I have absolutely no complaints to make. Nothing could exceed the courtesy and kindness I have received from

every one with whom I came in contact. I am afraid my nursing days are over, but I am glad to be home. The climate here is dry and cold and seems to be the only one that agrees with me. I have had several abscesses in my lung since the incision healed. Apart from that I feel fairly well.

Thank you so much for your kind offer of service. The only thing I find any need of is reading matter. We are twenty miles from a town of any size and you may be sure I make the trip very seldom. I should be very glad indeed for books or magazines.

One of the projects of the nursing profession during the demobilization period was the establishment of a memorial to American nurses who had died in military service. This was not a Red Cross nursing project; it was undertaken by nurses and friends of nurses. However, the labors of Miss Noyes, in her position as president of the American Nurses' Association, and those of Red Cross nurses who supported the memorial, and also the numbers of deceased Red Cross nurses whose sacrifice the memorial perpetuated, make necessary brief mention of the project in this history.

In January, 1919, Dr. Anna Hamilton, the founder of the Nightingale School for Nurses at Bordeaux, France, visited the United States for the purpose of raising funds for the Nightingale School. The *Maison de Santé Protestante,* the hospital in connection with which the school was maintained, dated back to 1861 and had long since outgrown its buildings and equipment. Owing to its location in a closely built quarter of the city, the housing facilities of the hospital and school could be expanded only by removal to a new site. In 1914 Mlle. Elizabeth Bosc, of Bordeaux, had presented to the *Maison de Santé* through Dr. Hamilton, her home, Bagatelle, an estate of sixteen acres, located just outside the city, to be used as the site for the new hospital. Funds for erecting the building were, however, not available, and the war held up the project until the cessation of hostilities.

When Dr. Hamilton arrived in New York City in January, 1919, she interviewed many nursing leaders; one of these was Miss Hilliard, then superintendent of the Schools of Nursing at Bellevue and Allied Hospitals. Miss Hilliard later stated to Miss Maxwell that she believed that the American Nurses' Association could raise funds to build the school if Dr. Hamilton could raise the funds to build the hospital.

At a meeting of the Joint Boards of Directors of the American Nurses' Association and the National League of Nursing Education, Miss Maxwell proposed that the American Nurses' Association provide a fund for a building which would house the Nightingale School, this building to be a memorial to American nurses who had died in war service, and especially to the hundred American nurses who lay buried in French soil. The other members of the Joint Boards felt that such a memorial would be in keeping with the spirit and work of Florence Nightingale, the founder of professional nursing, who had said: "Let every founder train as many in her spirit as she can; then the pupils will in their turn be founders also." The Nightingale School was, it will be remembered, the only school in France giving training to nurses on the modern professional basis known as the "Nightingale System."

The question was then referred for action to the newly appointed Joint National Committee (of the Bureau of Information for Nurses), the committee which represented the three national organizations of nursing from which had developed the Joint National Committee of National Nursing Headquarters. At a meeting of this committee it was voted that the American Nurses' Association should undertake to raise by December 1, 1919, a fund of fifty thousand dollars ($50,000) to be used in erecting and equipping a nurses' home and classrooms for the Nightingale School, this sum to be known as "the Memorial Fund to American nurses who had died in military service in the European War."

Immediately through letters, personal solicitation and editorials in the *Journal*, efforts were made to raise the sum. The Joint National Committee was particularly charged with responsibility for raising the amount; this committee, it will be remembered, was composed of Miss Nutting, Miss Noyes and Miss Francis, representing the American Nurses' Association; Miss Clayton, Miss Goodrich and Miss Hilliard, representing the National League of Nursing Education, and Miss Beard, Miss Wald and Miss Crandall, of the National Organization for Public Health Nursing. Miss Nutting, Miss Albaugh and Miss Noyes prepared the literature. By January, 1921, the fund had been oversubscribed.

Early in the spring of 1920, when the fund was nearly completed, a committee to take charge of it, both in this country and overseas, was appointed. Mrs. Henry P. Davison, of New

York, was chairman, and Mr. Robert Bacon treasurer. Miss Fitzgerald, who was then in Geneva, Switzerland, Mrs. Charles Tiffany, Miss Nutting, Miss Maxwell, Miss Ruth Morgan, Miss Noyes, Mr. Ethan Allen and Mr. C. A. Coffin were members. This committee was later enlarged to include Miss Hay, then chief nurse of the American Red Cross in Europe, Mr. Nelson D. Jay, of the Morgan-Harjes Company, Paris, and Dr. Kendall Emerson, of the Commission for Europe. As soon as the fund was transferred to the Morgan-Harjes Company in Paris the large New York committee went out of existence and disbursement of the fund was carried on through the smaller Paris committee.

In September, 1920, Miss Noyes went to Europe to inspect American Red Cross nursing activities, and while in France visited Bordeaux and conferred with the Trustees of the school and with Dr. Hamilton regarding the terms of gift. The plans for the school were gone over and building immediately began.

The Charter and By-Laws of the Nightingale School as finally drawn up included the following paragraphs:

> ARTICLE 3. Organization.
>
> . . . . . .
>
> In 1921, American nurses, desiring to perpetuate the memory of their fellow-nurses of the American Army, Navy and Red Cross who died while in active service during the great war, subscribed a sum of 775,000 francs, known as the American Nurses' Memorial Fund.
>
> The Joint Committee of the three great associations of nurses in the United States (1. American Nurses' Association, president Clara Noyes; 2. National League of Nursing Education, president Lillian Clayton; 3. National Organization for Public Health Nursing, president Mary Beard) decided to devote this sum to the construction of a boarding establishment for the Florence Nightingale School, for the sole purpose of facilitating better education for French nurses and the training of a larger number of superior nurses for France.
>
> An Advisory Committee, created with the approval of the Administrative Board, will act as a Board of Advisors in the management of the school. Its members will be chosen by the Joint Committee of the three great associations of American nurses. This Advisory Committee shall publish reports on the operation of the school. These reports will allow the nurses who collected the Memorial Fund to follow the progress of the Florence Nightingale School.

> In response to the desire of the women who donated the American Nurses's Memorial Fund, the school shall conform more and more to the precepts of Florence Nightingale and consequently will always be directed by a hospital nurse who shall herself hold a "first-class diploma" preferably from this school.
>
> The teaching of the school shall be constantly improved, and shall endeavor to approximate more and more closely the program published by the League of Nursing Education in the United States. . . .

The members of the Advisory Committee of the Nightingale School were Miss Jammé, representing the National League of Nursing Education; Miss Anne H. Strong, of the National Organization for Public Health Nursing, and Miss Noyes, of the American Nurses' Association.

The entire memorial fund amounted to 850,000 francs, of which 775,000 were expended for the erection of the building and the remainder for equipment and furnishings. In the central hall of the building a bronze tablet was placed, a tablet bearing the inscription:

To the Florence Nightingale School
In memory
Of our comrades who died in service
We
The Nurses of America
Dedicate this Memorial
To the Higher Education
of Nurses
For Humanity and For France.

During the late afternoon of June 5, 1921, the laying of the corner-stone of the Florence Nightingale School took place. After several addresses, Miss Hay, acting as Miss Noyes' representative, placed in the corner-stone a box containing the statutes of the school and names of the American nurses who had died in service; then the first stone was laid. A year later, on May 12, 1922, the one hundred and second anniversary of Miss Nightingale's birth, the American Nurses' Memorial building, then completed, was dedicated.

The question of a suitable memorial to Miss Delano was first raised immediately after her death and American Red Cross nurses in France subscribed a small fund of about six hundred

dollars for the purpose. National Headquarters authorized Miss Noyes to act as trustee of this sum until a decision had been reached regarding the form which such a memorial should take.

At a meeting of the National Committee held December 9, 1919, the chairman appointed a committee to study and report upon plans for the memorial. This committee was made up of Miss Maxwell, Miss Kerr, Miss Gladwin, Mrs. Gretter, Miss Jammé, Miss Van de Vrede, and Miss Palmer as chairman.

At the meeting of the National Committee held on April 14, 1920, at Atlanta, Miss Gladwin, in the absence of Miss Palmer, read the report of the Delano Memorial Committee. The subject had been discussed with Mr. Powell Minnigerode, director of the Corcoran Gallery of Art in Washington, and he had suggested that a mural decoration symbolizing Miss Delano's work be placed in the interior of the National Headquarters building. Other suggestions had been made that the memorial take the form of a building to house the Nursing Service and to be erected on the Red Cross grounds; a scholarship fund, with a tablet at National Headquarters commemorating Miss Delano's life and work; a life-size figure in bronze representing a Red Cross nurse, to be erected on the grounds of National Headquarters; a life-size statue of Miss Delano herself in bronze, to be erected on the grounds at National Headquarters, and a clubhouse for nurses.

Two weeks after the Atlanta meeting, on April 27, death removed from her many activities the chairman of the Delano Memorial Committee, Sophia F. Palmer. Miss Noyes then appointed Miss Minnigerode as chairman; she added two more members to the committee, Miss Boardman and Mr. Powell Minnigerode, and developed extensive plans for raising a Memorial Fund.

At a meeting of the National Committee held April 23, 1921, Miss Minnigerode moved that the Delano Memorial Committee be enlarged to include the Division Directors of Nursing and certain other nurses and members of the laity in several parts of the United States; that the members of the National Delano Memorial Committee be authorized to form sub-committees in their own localities, and that a general treasurer be appointed. The motion was carried.

The reorganized Delano Memorial Committee had as its

members Mrs. William Church Osborn, Mrs. Henry P. Davison, Mrs. August Belmont, Mrs. Frank N. Hammar, Mrs. L. E. Gretter, Miss Boardman, Miss Amy Alexander, Mrs. John Lynch, Miss Kerr, Miss Nevins, Miss Jammé, Miss Gladwin, Miss Maxwell, Miss Stimson, Miss Hay, Miss Foley, Miss Albaugh, Miss Johnson, and Miss Minnigerode, chairman. At the present date of writing, subscription to the fund is in process.

Miss Delano herself had established a fund under which public health nurses were to be assigned in remote communities to conduct a service in memory of her father and mother. Of the twenty-two items of Miss Delano's will, nine of them contained legacies to nurses or nursing organizations. Four of these items named nurse friends as beneficiaries; the other five were in favor of nursing organizations as follows: the Alumnæ Association of Bellevue Training School for Nurses, the Alumnæ Association of the Training School for Nurses, Hospital of the University of Pennsylvania; the New York Eye and Ear Infirmary, and the following bequest to the American Red Cross:

> Item XXI: I give and bequeath the sum of Twenty-Five Thousand Dollars ($25,000), unto the American Red Cross in trust, the principal of said fund to be kept intact perpetually and the income only arising therefrom to be used for the support of one or more visiting nurses, under the supervision of that organization, in loving memory of my father and mother, such nurse or nurses to be known as the "Delano Red Cross Nurse, or Nurses." In addition and for the same purpose, I give and bequeath unto the said American Red Cross the entire right and interest in and to any royalties to which I may be entitled at the time of my death, unto any book or books written or published by me, and I direct that such royalties, as paid to the said American Red Cross, shall be added to the income from the aforesaid trust fund and used for the same purpose as hereinbefore provided therefor.

At a meeting of the National Committee held on December 6, 1921, a plan containing the details of selection of the Delano Red Cross nurses and the methods by which their work was to be supervised and the fund administered, was submitted by Miss Fox and approved by the National Committee. The first

Delano Red Cross nurse was Stella Fuller and she was assigned to duty in Alaska.

Among the unsettled war problems which claimed the attention of nurses during the demobilization period was the training and utilization of Red Cross nurses' aides. Early in 1919 Miss Boardman, always a staunch advocate of the volunteer aspect of Red Cross nursing service, as well as the first friend of the professional service, brought forward a plan for utilizing Red Cross aides in connection with the care of the sick in communities where there was an insufficient number of nurses. In the plan it was specified that the service of these aides should be purely volunteer; that the aides themselves should be required to have taken the prescribed course of training for Red Cross aides; and that they should work under professional direction and should wear a distinctive uniform and badge.

At the meeting of the National Committee on Red Cross Nursing Service, which was held at National Headquarters on December 9, 1919, Miss Boardman presented her plan; it was informally discussed. At an adjourned meeting held the following day Miss Nevins, the chairman of a small committee which had been appointed to consider the plan, read a recommendation that the "National Committee on Red Cross Nursing Service recommend that such Chapters as so desire may organize those who have taken the required courses (Home Hygiene and Care of the Sick, Food Selection and, if possible, First Aid) and are ready to volunteer their services for the sick . . . in coöperation and with the supervision of the Chapter Committee." Miss Gladwin recommended that the plan be developed in the District of Columbia Chapter as an experiment and the resolution, with this and other minor amendments, was passed.

The next mention of Miss Boardman's plan appeared in the Minutes of the National Committee of a meeting held April 16, 1920, at Atlanta, Georgia. Again the plan was discussed, and a report of the successful demonstration in the District of Columbia Chapter was read. Miss Goodrich, Miss Van de Vrede, Miss Johnson, Miss Maxwell and Miss Francis spoke of good work done by laywomen with which they were personally familiar. Miss Noyes emphasized the fact that the point of contact in carrying out the plan would be from the National Committee to Division Directors of Nursing to Chapter Committees on Nursing Activities.

Miss Francis moved that they approve the plan and recom-

mend that it be extended to such Chapters as were prepared to develop it, this extension to be decided by the Division Director of Nursing in coöperation with the Division manager. The motion was carried.

As the Nursing Service swung toward normality again, a definite Red Cross peace-time program in the development of public health nursing, class instruction to women in Home Hygiene and Care of the Sick and in nutrition was undertaken. Each of these subjects will be treated in subsequent sections. A final general nursing project of considerable importance during the demobilization period was of an educational type and included two clearly defined phases: the dissemination of propaganda regarding general and public health nursing and class instruction, and the dissemination of propaganda regarding student nurse recruiting.

The first of these projects, which was as picturesque and droll an undertaking as any in which the Red Cross nurses had hitherto participated, first embraced the utilization of Chautauqua platforms as a medium through which to reach the American public. Early in April, 1917, the Radcliffe Chautauquas had asked Miss Delano to assign a nurse to one of their circuits to speak on the general Red Cross military and health program. Florence M. Besley, a former Red Cross Town and Country nurse, was chosen and was the pioneer Red Cross troubadour of health. So successful was she in interesting her audiences in Red Cross class instruction and general nursing activities that Mr. Radcliffe a year later asked Miss Delano to reassign Miss Besley and to provide three other nurses for similar work. Flora Bradford, (Mrs.) Margaret R. Cooper and Dolly Twitchell took the road as itinerant nurse-lecturers and instructors.

Immediately after the signing of the Armistice, public interest in the United States regarding overseas service ran high. National Headquarters was already swinging toward a broad health program and was zealous to find ways in which this program could be brought to public attention. The Nursing Service suggested to the Department of Publicity that Red Cross nurse speakers, nurses who had had overseas experience, should be assigned to the Chautauqua platforms and should tell the war and peace story of the Nursing Service.

The wholly American institution of Chautauqua was a development of the University Extension idea and was a com-

munity project by which American cities and especially towns and villages too small or remote to attract lecturers and entertainers of national prominence held a series of lectures and entertainments, usually for a week's duration, which combined educational and entertainment features. The method by which a community held Chautauqua was simple: the mayor and town council voted to hold Chautauqua Week, and signed a contract with a commercial Chautauqua company whereby the company provided lecturers on civic and literary subjects, musicians and other types of theatrical entertainers, in return for a percentage of the gate receipts. Chautauqua Week was usually held under canvas at the local county fair grounds and was attended by young and old alike.

The financial basis of the Chautauqua campaign was a happy one for the Red Cross. The commercial companies paid National Headquarters a weekly salary rate for each nurse speaker and provided maintenance and traveling expenses. National Headquarters in turn reimbursed the nurses and furnished posters, newspaper plates, material for publication in the local press, and copies of two pamphlets, one promoting the Red Cross public health program and the other urging young women to take up nursing, for distribution to the nurses' audience. The contact between the Chautauqua companies was made by Dr. Thomas E. Green, then director of the National Red Cross Speakers' Bureau. Details of the publicity material were handled through the coöperation of the Nursing and Publicity departments and local interest in the nurse's lecture was aroused by Red Cross Division and Chapter efforts.

The nurse speakers themselves had little idea, when they came to National Headquarters for a preliminary conference in May, 1919, of the vicarious and nomadic summer which lay ahead of them, nor for that matter had Miss Noyes and her associates, else the Red Cross troubadours of health might not have taken the road with such fervor. The majority of the speakers had just returned from one to three years of foreign service; many of them had been "up the line," but surely no Red Cross nurses were more brave than the thirty-one Chautauqua speakers who started out to try to hold their own against artists who had spent their lives in public speaking and entertainment. And the difficulties of living at the front were often no harder than those experienced by these nurses, who spoke one day at a given town, then traveled during the night or the

following morning to the next town, there accepted what local hotel accommodations they could find, spoke again in the afternoon and traveled again at night.

The list of Chautauqua speakers held many names of nurses who had rendered gallant war service. Mary K. Nelson, of Évreux, was one of the most eloquent. Nurses preëminently successful as Chautauqua speakers were Edith Benn, Frances Maltby, Edith Ambrose, Ida F. Butler, Stella Fuller, Elizabeth Hunt, Josephine Mulville, and Elizabeth Walsh. Florence Bullard, the first nurse whom Miss Russell had sent to care for American boys in French hospitals, had lived through the capture of Soissons in 1918 and her dramatic accounts of war nursing, followed by an appeal for guardianship of the public health, held audiences of from three to five thousand people tensely interested until she left the platform. Daisy P. Beyea was one of the nurses of Evacuation Hospital No. 6, and became so successful as a "spellbinder" that she continued as a speaker after her Red Cross assignment was finished. Gertrude Bowling, the young Hopkins nurse whose accounts of "shock" work at the front have been quoted in an earlier chapter, was another nurse who by reason of her experiences overseas and her great sincerity was able to speak amazingly well.

In addition to the nurses already mentioned, the list of Chautauqua nurses included Lydia Breaux, Jane T. Dahlman, Anne Dailey, Mabel Fletcher, Eleanor Gregg, Mary Herring, Bree S. Kelley, Mary Monroe, Laura Phillips, Laura Roser, and Mary Sedlacek. To nurses drilled since their probation days to avoid publicity and sensationalism, the Chautauqua atmosphere must have been at least an innovation. Miss Ambrose wrote Miss Noyes:

> You'd be quite entertained at the dramatic introduction I have. Our program is worked out so that my speech is always preceded by music and our baritone, quite a wonder, gets up after the rest of the talent have left the stage and sings a verse of "The Rose of No Man's Land." When he reaches the lines,
>
> "Mid the war's dark curse
> Stands the Red Cross nurse,"
>
> the curtains, which are covered on one side by an American flag and on the other by a Red Cross one, are drawn apart and

> there I stand, in white uniform, cap and scarlet-lined cape. Then without further parley after the applause has died down, I begin.

To some of the nurses assigned to Chautauqua circuits, the sea of upturned faces which confronted them as they stepped forward to plead their cause was a paralyzing sight, far more terrifying than had been nursing service in an evacuation hospital or a bombed base. A nurse wrote:

> I used to come wabbling out on the stage so scared I'd hang onto the tent poles, until I looked around my audience and saw those sickly babies and their tired, gaunt mothers; those undernourished children, many of whom have rickets; those hard-working mountain fathers. Then I seemed to forget everything else in the world—my stage fright and fatigue, that breathlessly hot, crowded tent, the hotel where my bed gets up and walks. All I remembered was that I am bringing to these people a message which may mean their future happiness and freedom.

The unexpected formed a potent factor with which the nurses on the road and the executives at National Headquarters had to be constantly prepared to meet. Just before their first speech, three of the nurses assigned to large and important circuits suffered nervous breakdown as a result of their foreign service. To keep faith with their contract the Nursing Service had to find and prepare substitutes almost overnight. Another nurse kept several speaking appointments, then found the itinerant life and the uncertain hotel accommodations too wearing, and resigned. Another nurse suffered personal bereavement and was forced to leave her circuit. Two nurses found themselves temperamentally unfitted for the work. Substitutes had to be found immediately for all these speakers.

The twenty-five Chautauqua circuits to which the Nursing Service assigned speakers, looped the United States. Massachusetts, Rhode Island, Connecticut, New Jersey, North Dakota and Nevada were the only states where nurses did not speak. The majority of the circuits took the nurses into isolated rural communities where the barren soil yielded only a meager return for gruelling labor. In these regions living conditions were primitive and the people themselves of stoic and somber temperament; usually they sat motionless through the

nurse's lecture and when it was ended left the tent without reaction of any kind. Now and then the nurse's words fell on fruitful soil. Miss Butler wrote:

> I give my lecture in the afternoon, always making the plea for the employment of a community nurse, the great need for more public health nurses and the need for young women to enter training schools. I make as strong an attack as I dare on the awful conditions I see with my own eyes all through this country,—vile drainage and sanitation; filthy stalls and pig-pens quite often only a few feet from a dug well. I plead for a revival of interest through the Red Cross as a vital memorial to the men and women who died in France. Usually the small Red Cross Branch or Auxiliary is the only organization in these communities outside a church and a school in the Paleozoic stage of education. But oh, it is such a forlorn country! I never dreamed of people in these United States of ours living with so little knowledge of health and of decent and comfortable living. They fairly eat dirt and God knows they drink it! But they are touchingly eager for a community nurse,—"some one to show us how." One woman came to me with tears streaming down her face. "I never dreamed," she said, "that consumption could be cured; what you've said to-day is *life* to me."

The day's work on a Chautauqua circuit held much of drollery as well as of hardship and pathos. One afternoon Miss Maltby found her audience particularly difficult; the children on the front seat tittered and squirmed and pointed. Finally she stopped and said sternly: "If the child under the platform will come out I will finish my lecture." A youngster jumped up and answered: "T'aint a child, nuss, it's a hawg."

Miss Butler's assignment took her to the mining districts of southern Illinois. "I got caught last night in a little town," she wrote, "where my experienced eye told me at one glance that here was a hotel where I should do little sleeping. I told the manager, however, that I simply must have clean sheets; any one could see that the ones on my bed had been slept on.

"'Sure they have,' he replied, 'but the travelin' man in that room last night was such a nice clean man them sheets aint noways real dirty!'"

One sleepy summer afternoon Miss Mulville was sitting on the edge of an Iowa railroad station platform waiting for the local accommodation train to wheeze in when a baggage man

in worn-out khakis spied her and came over to talk. The conversation developed the fact that both of them had had service in France.

"I got mine in July an' was shipped back to Bordeaux," said the ex-service man. "I come to in a surgical ward of No. 6 an' there was a big red-headed nurse bossin' that shebang. Gosh, she was a bird! She was usually too tired to talk much, but, Lord, how she could nurse! She wasn't much of a looker though; she was thin an' wore an ole gray sweater that hung down to her knees an' her skirt sagged an'——"

Suddenly he looked at Miss Mulville's smartly-tailored outdoor uniform, then up to her already twinkling gray eyes.

"Gosh, lady!" he gasped, "You're her!"

When the Chautauqua season closed in November, more than a million and a half people in all parts of the United States had heard the story of the Red Cross Nursing Service in war and peace from the lips of a participant. Two thousand four hundred and two Chautauqua audiences, averaging from thirty to five thousand persons each, had listened to the nurses' lectures since the preceding January. In Nebraska, Red Cross nurses had addressed 199, and in Ohio, 179 audiences. Miss Besley and Miss Maltby held the season's record; they had each delivered over two hundred and fifty speeches, six speeches weekly covering a period of nearly forty weeks.

The Chautauqua campaign, as it was called at National Headquarters, gave marked impetus to the Red Cross public health nursing and class instruction program and offered a striking example of nurses' versatility.

The Chautauqua campaign, with its posters, pamphlets and newspaper plate material, was the most ambitious publicity project which the Nursing Service had hitherto undertaken largely under its own auspices. True, Dr. Green of the Speakers' Bureau and John Mumford and Marion G. Scheitlin, in turn Red Cross Directors of Publicity, had guided Miss Noyes and her own publicity representative, Elizabeth Pickett, in the initiation of the campaign, but during the late spring and summer the Nursing Service itself carried the larger proportion of the work. The success which greeted the campaign instilled in Miss Noyes and the members of the National Committee considerable confidence in general publicity methods and made them zealous to acquaint the public with the need existing from 1920 on, for young women to enter schools of nursing.

One of the pamphlets which nurses had distributed from the Chautauqua platforms was a small folder, "How May I Become a Nurse?" written in popular vein and with the intent to interest girls among the rural and small town audiences to enter schools of nursing. The distribution of this pamphlet formed the first special effort of the Red Cross in this field.

A second experiment in publicity of this type was undertaken in 1920 in the Delaware-Pennsylvania Division. Miss Francis wrote:

> Upon the completion of the Roll Call last year, we realized that the interest of our Chapters in public health nursing was far greater than our ability to secure public health nurses who were prepared to establish these services. At the same time, the number of students in a large majority of the training schools for nurses was seriously below normal. Appreciating that we could never meet the demands of our chapters for public health nurses if the supply at its source was so seriously crippled, we decided to bring to the attention of the people of this division the need for public health nurses; to educate them to an appreciation of the opportunities offered to students through admission to a training school of nursing; and also to develop a better understanding of the principles constituting sound nurse education.

With the endorsement of the Pennsylvania State Board of Examiners, Miss Francis worked out an itinerary based on the numbers and geographical divisions of Red Cross Chapters, Branches and Auxiliaries and assigned Elizabeth Walsh to speak at each town listed on the itinerary. Miss Walsh's success on a Redpath Chautauqua circuit the previous summer had already won her eager listeners in the Keystone State.

During January and February, 1920, Miss Walsh addressed seven thousand two hundred and sixty-nine persons in thirty-one towns in Pennsylvania. Her audiences assembled in churches, business colleges, public and private secondary schools and factories. Through her efforts, thirty girls were definitely known to have interviewed superintendents of schools of nursing with a view toward entering training.

The experiment undertaken by Miss Walsh attracted considerable attention in nursing ranks and in the late spring of 1920, the Joint National Committee on Nursing Headquarters appointed a special committee which was charged with respon-

sibility for developing and conducting a nation-wide movement to recruit student nurses. Major Julia Stimson was chairman and Miss Albaugh a particularly zealous member of this committee. Plans were drawn up and Miss Noyes, herself a member ex-officio of the committee, secured from the Red Cross Executive Committee an appropriation of thirty-five thousand dollars ($35,000) "of which so much as may be necessary shall be expended by the Director of the Department of Nursing during the six months ending December 31, 1920, to provide for all expenses at National Headquarters and in the Divisions, in connection with the recruiting campaign for student nurses, as outlined in the plan developed by a special committee representing the American Red Cross, the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing." [22]

The plan referred to above called for the organization in local communities of a student nurse recruiting committee, to be composed of representatives of such local groups as the Red Cross Chapter or Branch; the governing and auxiliary boards of the hospitals; hospital and training school superintendents; medical and nursing organizations, physicians; the board of education; the press; the chamber of commerce; and women's clubs. The duties of the committee were outlined in full and included the slow and steady dissemination through a number of years, of propaganda directed toward interesting the general public, and young women especially, in the nursing profession.

The publicity material included the distribution of an effective poster, a pamphlet and application forms to be filled out and sent by interested young women to superintendents of schools of nursing. Four motion pictures on nursing subjects had been produced by National Headquarters and they were used also in the recruiting movement, especially one which was called "In Florence Nightingale's Footsteps" and which visualized the training of a nurse. Newspaper "feature" stories were prepared and sent out to the local committees which were charged with the responsibility of having these appear in the local press.

One of the aims of the movement was to bring to the general public better appreciation of sound nurse education and the special leaflet, which was called "A Challenge to the Young

[22] See Advice of Appropriation No. 263, August 3, 1920, National Headquarters, Washington, D. C.

Women of America," had this aim in view. On one side of the four-page leaflet was printed a list of questions which every prospective student was urged to ask the superintendent of the school which she expected to enter; on the opposite page were the answers which should be given by the superintendent of any well-organized training school. The student was thus equipped with knowledge which would enable her to discriminate to some extent between a school of low or high educational standards.

Copies of the "plan" and full publicity material were sent, with appropriate letters requesting coöperation, to all presidents of State Nursing Associations; to the editors of medical and nursing publications; to the presidents of American national medical and nursing associations; and to Red Cross Division managers for distribution to Chapters and Branches. The following letter written July 20, 1920, by Frederick C. Monroe, then general manager at National Headquarters, to all Red Cross Division managers, is illustrative of these letters of transmittal:

> As you are aware, we are facing a critical shortage of graduate nurses for all types of work, particularly public health. The increasing demands of modern medicine, the continuing needs of the late war and epidemics of disease consequent upon the war are taxing the nursing resources of the nation to the limit. In one nursing bureau alone, there were recently five hundred more requests for nurses to fill positions in institutional and public health fields than there were nurses available. This condition will probably grow worse instead of better. . . .
>
> The Red Cross is deeply concerned in this situation and has the traditional duty to help in every way possible to meet it. Not only is this true, but if the Red Cross is to succeed in the public health field, it must have a constant and ever increasing supply of well-trained nurses to carry on its nursing activities. The nurse training school is the only source from which qualified nurses may be obtained. We must, therefore, stimulate recruiting for these schools. Yet the extraordinary conditions now prevailing are a serious handicap. Commercial and industrial life, by offering great and immediate rewards, is drawing heavily upon the young womanhood of the country.
>
> Realizing the seriousness of the situation, groups of nurses themselves have coöperated with states, communities and hospitals in local endeavors to stimulate the enrollment of stu-

> dent nurses. Recently also the three national organizations of nursing . . . have joined with the Red Cross in developing a national movement for the enrollment of student nurses. It is this national movement which you are now called upon to assist in every way possible. . . .

Then followed detailed administrative instructions. The Division Directors of Nursing took hold of the movement with interest and developed it extensively. In the following months, several ideas of considerable originality were put into use. Miss Van de Vrede of the Southern Division appointed Miss Maltby to initiate the movement in her office. On March 21, 1921, Miss Maltby wrote Miss Noyes of the work accomplished:

> We first sent each active chapter a letter with sample leaflets and one poster. To this there was some response. We are now approaching them through "Briefs" [the Division bulletin]
>
> To all our public health nurses and local committees, we have sent two newspaper articles, with the request that they be published in the high-school papers through the efforts of the local publicity chairmen, or failing that, that they receive space in the local newspaper. These two articles have gone to ninety publications in the division.
>
> To college presidents and to Y. W. C. A. presidents in colleges in the division, we have written and enclosed a poster and a recruiting article, asking that it be published in the college papers. We have also offered to send a personal representative to address the colleges on nursing as a profession. The colleges are responding well to the suggestion and a representative will probably start in April. . . .

In the Lake Division, Pearl Kamerer was appointed to develop student nurse recruiting; she organized committees in Kentucky, Indiana and Ohio in connection with the state graduate nurses' association. On April 8, 1921, she wrote Miss Albaugh:

> . . . The Ohio State Recruiting Committee engaged Miss Mary E. Gladwin to speak for a period of three months, beginning March 1, to the young women in the different Ohio colleges and to as many high schools and groups of men and women as possible. To finance the speaker, the accredited schools of nursing were asked to contribute one dollar for each pupil in training. A few of the larger Red Cross chap-

ters were also asked to assist. There was hearty response from the schools and the chapters . . . and most of the districts feel that their committees will be interested in doing something definite towards recruiting each year.

A novel idea was developed in Sanilac County, Michigan, by Elba L. Morse, Red Cross supervising nurse for Michigan. Three "mother and daughter banquets" were held with a total attendance of eight hundred and fifty mothers and daughters, and on these occasions the traditions and advantages of nursing were presented. Miss Morse described the type of program:

> The county nurse outlined the program and twenty-six high-school girls took part. The teachers assisted in choosing the girls and in rehearsing them, so it took very little time. The play was called *The Scope of Nursing* and was given by twenty girls dressed in white, each girl representing a phase of nursing such as hospital superintendent, Army nurse, Navy nurse, Red Cross nurse. As each appeared, she told the pleasant duties of the branch she represented. When the twenty lined up, each with their cards telling what phase they represented, so the mothers saw plainly the wide scope of the profession.
>
> Next came human pictures,—"the greatest mother in the world," the public health nurse as "the foster-mother of the race"; "the Lady with the Lamp." . . .
>
> Other phases of the banquets were music and addresses by prominent nurse leaders. In one town the banquet was free; the committee solicited funds mostly from the wartime worker and invited every mother and daughter in the town. Four hundred and fifty attended and the Methodist Church was crowded as it had not been since the war. One other town sold tickets at fifty cents and the third at seventy-five cents. Both towns had to restrict the number of tickets to two hundred, but could have sold many more. In one place it was voted that a similar banquet be held as an annual affair each year to different nurses from that locality who had died overseas, the extra proceeds of the banquet to be used as a scholarship for a local high school girl entering training. . . .

Twenty girls entered schools of nursing in the fall of 1921 as a result of the "mother and daughter banquets." The indirect results of such educational effort, however, went on, for the ideal of altruistic nursing service had been planted in the impressionable minds of young girls and was not to be wholly forgotten.

The movement to recruit student nurses was not confined to definite time limits but was intended to be a steady constructive upbuilding of public interest and judgment of nursing education. At the present writing, it is too early to estimate the effect of the movement upon the profession.

Throughout the period of demobilization, an acute shortage of nurses in all phases of service was experienced. Schools of nursing reported to the Red Cross Bureau of Information and later to National Nursing Headquarters special difficulty in securing adequately-trained nurse instructors. The dearth of this type of personnel was particularly serious because such a condition, if not remedied, would check the supply of properly-trained nurses at the very source, the school; so at Miss Noyes' request, National Headquarters appropriated funds to be used as scholarships for nurses desiring to take post-graduate courses to fit themselves to teach in schools of nursing. Twelve such scholarships and four loans were granted in 1921 to enable nurses to take courses at the department of nursing and health at Teachers' Colleges.

Perhaps the outstanding accomplishment of the nursing profession during the period of demobilization was the winning of assimilated rank of Army nurses. This accomplishment was brought about by the persistent efforts of nurses and friends of nurses in the face of strong opposition from the War Department. While the American Red Cross officially took no part in this legislative struggle, individual leaders of the Red Cross Nursing Service were staunch sponsors of the movement. For this reason and also because the new law materially affected the Red Cross in that its nurses are the reserve of the Army Nurse Corps, a brief account of this movement belongs in a history of the American Red Cross Nursing Service.

An early request which the nursing profession made to the War Department for definite status and authority for Army nurses was as follows:

> The American Nurses' Association, in convention assembled in Philadelphia on this first day of May, 1917, would offer the following resolution:
>
> Whereas, it is true that nurses who are responsible for the actual nursing of the patients in the military hospitals have no authority to regulate hygienic conditions therein; and

Whereas, this situation tends to discourage nurses from undertaking the work; and

Whereas, this is a danger to the hospitals' population; and

Whereas, it has been found essential in representative civil hospitals to place upon the nurses the responsibility for the care of the patients, the wards and operating room and the cleanliness and order pertaining thereto:

Therefore, be it resolved: that it is the sense of this meeting that the proper military authorities should be requested to specifically define the status of the nurse and confer upon her the authority necessary to control the situation, to the end that the general welfare of the sick may be promoted and a very grave danger to the well averted.

Early in the summer of 1917, the War Department issued the following regulation defining the status of Army nurses:

> As regards medical and sanitary matters in connection with the sick, members of the Army Nurse Corps and Army Nurse Corps Reserve are to be regarded as having authority in matters pertaining to their professional duties (the care of the sick and wounded) in and about military hospitals next after the officers of the Medical Department and are at all times to be obeyed accordingly and to receive the respect due their position.

The phrase "in matters pertaining to their professional duties (the care of the sick and wounded)" permitted individual interpretation on the part of commanding officers of military hospitals as to whether the nurse's authority did or did not extend *beyond the person of the patient.* Thus the authority over ward matters such as ventilation, light, temperature, sanitary conditions, supplies and other questions was not definitely granted Army nurses and the regulation, nurses felt, did not meet their demands for definite authoritative status. Their struggle, therefore, continued.

One of the first organized moves to secure rank for Army nurses came in the summer of 1917 from a group of prominent New York women who formed a committee later known as the New York Committee to Secure Rank for Army Nurses. Mrs. Harriot Stanton Blatch was chairman and Mrs. H. O. Havemeyer an enthusiastic member. This committee had the active support of leading nurses in New York City, among whom Miss Maxwell was perhaps the most ardent. Helen Hoy

Greeley, a graduate of Vassar College and a member of the New York Bar, first volunteered her services as counsel and later, when nation-wide organization was secured, was retained by the nursing profession to represent them.

Early in 1918, bills were introduced into both houses of Congress, in the Senate by Mr. Chamberlain and in the House of Representatives by Mr. Dent, which purposed the general reorganization of the Army Nurse Corps. These bills called for an increase in the number of executive officers in the Nurse Corps, the raising of compensation of Army nurses and the collecting in one place of all regulations regarding Army nurses.

The discussion in Congress regarding the reorganization of the Army Nurse Corps offered opportunity for the advocates of rank for nurses to press their claims. Two bills proposing absolute rank for Army nurses were introduced into the House of Representatives; the first one was introduced by Congressman Lufkin on March 27 and proposed commissioned rank with the rates of pay proposed by the War Department reorganization bill; the second bill was introduced by Congressman Raker on April 5 and proposed the pay incident to the rank.

On April 16, the House Committee on Military Affairs, of which Representative S. Hubert Dent, of Alabama, was chairman, held the first meeting on the question of rank for Army nurses. Mrs. Greeley stated that the object of the committee was to secure rank

> . . . in order to promote the efficiency of the nursing service of our boys by conferring upon the nurses some outward, visible sign of the authority which is supposed to be in them, a sign by virtue of which their instructions may be promptly carried out in the wards. For at present their authority to give orders is continually disputed by the enlisted men who serve as orderlies and friction and dangerous delays in the execution of orders result. We believe that the insignia of rank will give conclusive notice to all that nurses are officers and are to be obeyed.

Mrs. Greeley then summarized the action following the introduction of the Lufkin and Raker bills; she stated that after conference with each other and with General Gorgas, the advocates of the two bills had agreed to abandon their bills and support a proposition for relative rank in the form of an amendment to the War Department's reorganization bill. This amendment read:

Section 3. (a) That the members of said corps shall have relative rank as follows: The superintendent shall have the relative rank of major; the assistant superintendents, director and assistant directors the relative rank of captain; chief nurses the relative rank of first lieutenant; and nurses the relative rank of second lieutenant; and as regards medical and sanitary matters and all other work within the line of their professional duties shall have and shall be regarded as having authority in and about military hospitals next after the medical officers of the Army and shall wear the insignia of the rank in the army to which their rank corresponds.

The meaning of the term "relative rank" was next defined by Mrs. Greeley:

You will notice that this amendment differs from the Lufkin and Raker bills in asking for relative rank instead of absolute rank. The term "relative rank" has two meanings. It may mean simply relative position, or it may mean a kind of rank which lacks one or more of the essential elements of absolute rank and so is quasi instead of actual, relative instead of absolute. We are using the term in this second sense. The relative rank here conferred is only quasi rank. It lacks several of the essential elements of absolute rank—it does not call for a commission; it does not carry the pay, the allowances or the emoluments of absolute rank; and it makes no attempt to confer the power of command incident to a line office of similar grade. The only incidents of absolute rank which the relative rank contemplated in this amendment will confer are:

1. The dignity incident to the name of the rank.
2. The right to wear the insignia thereof.
3. The eligibility to exercise authority within the limits set forth in the law, which are as follows:

As regards medical and sanitary matters and all work in the line of their duties, they shall have and shall be regarded as having authority in and about military hospitals next after the medical officers of the Army. . . .

Among the nurses present at the hearing was Miss Delano, and Mrs. Greeley called upon her to testify. Miss Delano said:

Mr. Chairman, for a number of years I was superintendent of the Army Nurse Corps when Surg. Gen. Torney was Surgeon General of the Army. As the superintendent of the Army Nurse Corps I inspected all of the military hospitals in

this country, Honolulu and the Philippines, and had ample opportunity to watch the working out of this plan in times of peace. Now, I believe that what was true under conditions which obtained then would hold true to a greatly increased degree now in time of war. I had a basis of comparison, because before I came into the Army Nurse Corps I was for a number of years superintendent of what was at that time the largest training school in the United States, that at Bellevue Hospital.

When I went into the military hospitals I found an absolute lack of coördination of the activities in the wards. I found division of responsibilities and more or less friction; a tremendous amount of adjustment necessary on the part of the nurse; a tremendous amount of yielding of things they considered important for the sake of peace. I found this adjustment constantly necessary, and, even in time of peace, great difficulties. . . .

I will cite one instance. . . . We had notice from the tuberculosis hospital at Fort Bayard that a number of the nurses were reported as having incipient tuberculosis. I was sent to Fort Bayard to look into the matter. . . . I found the head nurses of the wards absolutely without responsibility for the cleanliness of the wards. I had again a basis of comparison, because we had a large tuberculosis service at Bellevue, and I was entirely familiar with the methods necessary to prevent the spread of tuberculosis or the reinfection of patients. I found, so far as I could determine, no systematic plan for preventing the spread of contagion in the hospital at Fort Bayard because the cleanliness of the ward rested absolutely in the hands of the corps men.

Miss Delano next discussed the regulation given above which defined the status of the Army nurse:

Efficient organization in any hospital, civilian or military, is in my opinion to be secured only by placing definite responsibility upon one person in the ward.

In the matter before us I do not believe that any regulation will effect the purpose we desire. First, because we have back of us the traditions of years. We have the corpsmen, we have even the officers themselves and perhaps the nurses, with these traditions of divided responsibility, and we have this tradition of the Hospital Corps man, who in the past has not been placed definitely under the nurse. Now, a new regulation is made, but, as Mrs. Greeley said, the interpretation of that regulation depends entirely upon the temperament of the

commanding officer or of the person to whom he delegates the duties regarding it. . . .

Mrs. Greeley then called Julia Lathrop, chief of the Children's Bureau, who spoke in favor of the proposed amendment. Mrs. Highbee was the next speaker. She brought forth the comparative powerlessness of the nurse to deal with an insubordinate orderly. Miss Goodrich was the next speaker. She pointed out among other things, that in the view of the fact that personnel of the Hospital Corps was constantly changing, it was highly important that the authority of the head nurse should be so clear to all with whom she came in contact that no loss of time should result in teaching the new men her real status. Rank would immediately establish this authority without words or written regulations. Mrs. Greeley then read letters supporting rank from nurses in foreign service, and called upon additional speakers. Among these were Colonel Victor C. Vaughan, Medical Corps, National Army; Major Martin, then a member of the Advisory Commission of the Council of National Defense; Miss Thompson of the Army Nurse Corps; Major W. J. Mayo; Dr. William M. Geer, Vicar of St. Paul's Chapel, New York City; Mrs. Harriot S. Blatch, representative the New York Committee to Secure Rank for Nurses; and Mrs. Harriot Blaine Beale, of the District of Columbia. The hearing was then adjourned.

On April 20, the Military Affairs Committee heard General Gorgas' opinion regarding the proposed amendment to the medical reorganization bill; the Surgeon General stated that he "did not see the necessity or the advisability for commissioning the great number of nurses,—it would be over 30,000 as second lieutenants. I do not see," he said, "that it is necessary for their functioning. We can give them all the authority they want in the war now. . . ."

The reorganization of the Army Nurse Corps, which was finally contained and passed in the Army appropriation bill for 1919, became law on July 9, 1918, but rank for nurses was not included therein. The failure of the proposed amendment providing for rank to be included in the Army Reorganization bill, was largely due to the opposition of the War Department.

The nursing profession was resolute in their claims for rank and continued to agitate the question. On July 6, 1918, Repre-

sentative Raker introduced a bill into the House, H. R. 12698, which read as follows:

> Be it enacted by the Senate and House of Representatives of the United States of America assembled, that the members of the Army Nurse Corps shall have relative rank as follows: The superintendent have the relative rank of major; the assistant superintendent, director and assistant directors the relative rank of captain; chief nurses the relative rank of second lieutenant; and nurses the relative rank of second lieutenants; and as regards medical and sanitary matters and all other work within the line of their professional duties shall have and shall be regarded as having authority in and about military hospitals next after the medical officers of the Army and shall wear the insignia of the rank in the Army to which their rank corresponds.

This bill was referred to the House Committee on Military Affairs. In the pressure of the times, the bill was lost sight of until late in 1918 when the subject of rank for Army nurses again began to claim interest.

With the return of nurses from foreign service early in 1919, rank for Army nurses became the foremost nursing issue of the demobilization period. A National Committee to Secure Rank for Army Nurses was formed by the addition of new members to the old New York City Committee of which Mrs. Blatch had been chairman. Among these new members were the presidents of the national organizations of nursing, the members of the former Committee on Nursing of the Council of National Defense and influential lay men and women. Mr. Taft was the honorary chairman, Miss Noyes vice-chairman and Mrs. Greeley was secretary and counsel.

At its midyear conference in New York in 1919, the Board of Directors of the American Nurses' Association voted to support the movement to secure rank, drew up with the aid of the National (Taft) Committee a plan for state organization and instructed their secretary, Katharine DeWitt, to write to all State Nurses' Associations asking their coöperation. On January 28, 1919, Miss DeWitt wrote in part as follows to the officers of all State associations, asking their active support to the following plan:

> 1. That the State-wide committees to be formed should be the State Branches of the National (Taft) Committee to Secure Rank for Nurses.

2. That these state communities should be composed about twenty of lay persons and nurses, the chairman preferably a lay person, either a man or a woman.

3. That the State Committee raise enough money through voluntary subscription to finance its own work and to contribute a quota of $250 for the 1919 campaign, to the National Headquarters in Washington, payable as soon after March 1, 1919, as possible.

By April, 1919, only twelve state committees had been organized. In the April issue of the *Journal,* Miss Noyes, as president of the American Nurses' Association and vice-chairman of the National Committee to secure rank, addressed the presidents, other officers and members of state associations, outlined again the plan of organization and closed her letter with a strong plea for coöperation. In the same issue, the *Journal* spoke in the editorial columns for rank and from then until the passage of the Lewis-Raker bill, was a persistent and eloquent advocate.

On June 6, 1919, a bill similar in wording to that of the second Raker bill, was introduced in the Senate by Senator Jones, was referred to the Senate Committee on Military Affairs and was published as Senate bill No. 1737. From then until the end of the legislative struggle, the bills proposing rank were referred to as the Jones-Raker bills.

Throughout the summer and fall of 1919, the nurses organized their forces in the field. At Washington, Mrs. Greeley organized extensive office headquarters and from there directed the work in the field and "on the Hill" with persistent cheerfulness and vigor. Sara E. Parsons, veteran nurse educator and war leader, volunteered her services at Mrs. Greeley's office and during the fall and winter of 1919 and 1920 spent much time in bringing to the attention of Congressmen the vexations, experiences and privations to which nurses had been needlessly subjected overseas on account of lack of rank. Expert publicity advice was secured and a news service established at Mrs. Greeley's office which issued bulletins periodically to the press and to State Committees to secure Rank for Army Nurses. Hundreds of nurses who had had foreign service sent in affidavits recounting the difficulties which they had experienced in the performance of their duties, in traveling, in questions of quarters and even in recreational matters, due to their lack of dignified and authoritative status in the Army. These letters

and affidavits were published in the *Journal* throughout the campaign and copies of them were sent to Congressmen with urgent letters asking for rank. "Ever since April," stated the editorial columns of the (November, 1919) *Journal,* "a stream of letters, resolutions and petitions has been trickling into Congressmen's offices from nurses, lay persons and organizations, recently from doctors, too. . . . Not only has a pleasing proportion of the whole Congress promised to vote for rank when it reaches the floor, but a goodly number of influential men on both Committees [on Military Affairs] are pledged to its support in committee. Both chairmen, Senator Wadsworth, of New York, and Representative Kahn, of California, have become avowedly sympathetic."

Early in the fall of 1919, Congress undertook a general reorganization of the Army. The Senate Committee on Military Affairs took up for consideration the Jones bill proposing rank and submitted it at the War Department. The following letter was written on August 28, 1919, by the Secretary of War to the chairman of the Committee:

> In reply to your memorandum of August 20, 1919, in which you request to be furnished with the views of the War Department relative to the bill (S. 1737) "To grant rank to the Army Nurse Corps and for other purposes," I beg to inform you that the War Department is opposed to the provisions of the proposed bill.
>
> The bestowal of the relative rank upon Army nurses as provided for in the bill, while not actually providing them with commissions, would in effect result in placing a considerable number of Army nurses above a large number of Army officers, including medical officers under whom they are serving in hospitals. Under regulations issued by the War Department, members of the Army Nurse Corps have been given rank above all enlisted men in the Army and as regards medical and sanitary matters and work in connection with the sick have authority in and about hospitals next after the officers of the Medical Department and are at all times to be obeyed accordingly, and to receive the respect due to their position.
>
> The enactment of the proposed legislation would not, in my opinion, serve any useful purpose.

On September 4, General Ireland appeared before the Senate Committee on Military Affairs to discuss the reorganization of the Medical Department and expressed himself as opposed

to rank. Hitherto, General Ireland had been a staunch advocate of all projects which seemed to better the condition of nurses in the Army; in fact he was perhaps the first advocate of the Army Nurse Corps, for he had gone down to the beach at Siboney during the Spanish-American War and had asked the nurses on the Red Cross ship *Texas* to come ashore and help in the care of the sick. This request of his had been a very radical departure from Army precedence and the services of the nurses from the *Texas* had formed one of the entering wedges of professional nursing service in the Military Establishment. But at the hearing on September 4, 1919, General Ireland stated that he felt the nurses' "idea in securing rank to better their position would be altogether wrong." Even if General Ireland had himself believed in rank for Army nurses, it would have been highly embarrassing for him to have advocated it, because he could not well have opposed the Chief of Staff and the Secretary of War, both of whom were vigorously opposed to granting rank to Army nurses.

On October 31, the Senate and the House Committees on Military Affairs met jointly to hear General Pershing express his views on Army reorganization. General Pershing stated that he favored the bestowal of rank upon nurses "up to and including the rank of second lieutenant." His indorsement and that of the American Legion, gave much encouragement to advocates of rank and the campaign went on spiritedly.

Officially, the American Red Cross took no part in the struggle. At the first meeting of the National Committee on Red Cross Nursing Service after the signing of the Armistice Miss Palmer read the following resolution:

> *Whereas*—From hundreds of nurses and doctors of all grades of rank and ability returning from Army service to civil life we have heard of the distressing handicaps put upon the Army nurses in the late war by her lack of suitable officer's rank; and
>
> *Whereas*—That handicap not only appreciably lowered the efficiency of the nursing service rendered but also permitted discomfort, discourtesy and disrespect to result to the nurse in all her relations, professional, recreational and social; and
>
> *Whereas*—Not the Army alone took advantage of her lack of rank but public institutions unacquainted with her position and function and even Red Cross agencies themselves at times discriminated against her for the avowed reason that she was

not an officer, Red Cross hotels having some of them denied her shelter and comfort on that ground; and

Whereas—The lack of standard treatment by the Army, which she so valiantly served in no conscript capacity, and the failure on the part of the great organization, the American Red Cross, to support her in her great need for rank and a clearly defined position, have altogether bred in far too many of our Army Nurse Reserve a deep-seated discontent; and

Whereas—The hardships and humiliations complained of seem upon analysis to have resulted in no wise from the exigencies of war, but from purely avoidable causes; now therefore be it

Resolved: That we, the National Committee on Red Cross Nursing Service in annual conference assembled this 9th day of December, 1919, do hereby deeply deplore not only the unfortunate conditions that have existed and the feelings they have aroused, but also the hitherto omission of the American Red Cross to lead or participate in any effort to correct these difficulties, or a recurrence of them by the elimination of their causes and the establishment of rank for nurses; and further

Resolved: That we express to the Central Committee of the American Red Cross our deep concern that in the absence of coöperation by the American Red Cross in the nurses' present struggle to establish a suitable and dignified officers' status for themselves in the American Army comparable with that of other English-speaking nurses, there may be little heart in the nurses of America for continued enrollment in the Red Cross for service in the Army Reserve; and finally be it

Resolved: That we therefore invite and urge the Central Committee to a most serious and earnest consideration of the obligations of the American Red Cross to American nurses in these premises.

This resolution had been drawn up and signed by Miss Maxwell, Miss Nutting, Miss Palmer and Miss Crandall. After Miss Palmer had finished reading it Miss Noyes stated that the Red Cross had never taken any active part in legislative work, but she believed that it was sympathetic with the movement. Miss Minnigerode moved that the resolution be adopted and presented to the Central Committee of the Red Cross for consideration. This motion was carried.

On December 22, Miss Noyes transmitted a copy of these resolutions to Dr. Farrand, chairman of the Executive Committee, and on January 2, 1920, he acknowledged receipt of them

and asked Miss Noyes to discuss them in detail with him at her convenience. Some days later, she and Mrs. Greeley had a conference with Dr. Farrand, at which he stated that the Red Cross was in sympathy with any movement which would better the condition of Army Nurses in that the Red Cross Nursing Service was the reserve of the Army Nurse Corps, but that its policies did not permit it to take part in any legislative struggle. He stated also that while he appreciated that grave consideration was due to formal resolutions passed by a committee as powerful and representative as the National Committee, yet he did not think it advisable to present these resolutions to the Executive Committee for action, because General Ireland was a member of the Executive Committee and was also one of the chief opponents to bestowing rank on Army Nurses. Dr. Farrand said that he felt that if these resolutions were submitted to the Executive Committee, the members would naturally seek the advice of General Ireland, the highest medical officer in the Army, and after hearing his views which were known to be distinctly hostile to rank, would in all probability refuse the aid petitioned by the National Committee. This, he felt, would result in embarrassment to the Red Cross and in harm to the cause of rank for nurses. However, he advised Miss Noyes to continue her individual efforts to secure rank and the conference was then closed. No record of these resolutions appear on the Minutes of the Central and Executive Committees.

The legislative struggle was, however, nearing an end. The clause proposing rank for Army nurses was included among the provisions of the bill for Army reorganization and was introduced as such in the Senate on January 9, 1920, by Senator Wadsworth. It was also included in the House bill on Army reorganization. After five weeks, during which nurses interviewed Congressmen "on the Hill" while other nurses and friends of nursing brought pressure to bear on the committee men from the field, the conference committee on Army reorganization finally came to agreement on May 27 and reported that "the provision for the relative rank of nurses was agreed to, it being contained in both bills." The House of Representatives adopted the conference report on May 28, the Senate adopted it on the next day and the bill for Army reorganization, with its clause bestowing relative rank on Army nurses, was signed June 4 by President Wilson and became law.

The conference had made the following changes in the word-

ing of the original Lewis-Jones-Raker bill: Head nurses were added to the class having the rank of second lieutenant; the clause "and shall wear the insignia of the rank of the Army to which their rank corresponds," was omitted and in its place were inserted the words "The Secretary of War shall make the necessary regulations prescribing the rights and privileges conferred by such relative rank."

On August 10, 1920, the Surgeon General was notified by the Secretary of War regarding these regulations and he immediately placed the gold leaves of a major on the shoulders of the Superintendent of the Army Nurse Corps. Other nurses in the corps donned the insignia as soon as orders to that effect could be disseminated through American Army hospitals. Thus was ended the second most important legislative struggle regarding American military nursing service which had arisen in the United States.

In retrospect, it will be seen that at no stage of its development did the Red Cross Nursing Service take a more important place in nursing activities than during the period of demobilization. Miss Noyes' dual position as president of the American Nurses' Association and director of the Red Cross Nursing Service may have been one of the reasons for this; another and perhaps more vital cause was the fact that the American Red Cross from 1919 to 1922, in its foreign program, its public health nursing and educational activities, was the organization employing the largest numbers of nurses in the world, and therefore, with its previous war responsibilities and its newer peace activities, it was an organization heavily charged with professional adjustment and advance.

The dual projects undertaken by the Red Cross Nursing Service and outside organizations were the establishment of the Bureau of Information and its subsequent metamorphosis into National Nursing Headquarters; the creation of the Nurse Corps of the Public Health Service, with the Red Cross Nursing Service as its reserve; the hospitalization and reëducation of sick and disabled nurses; memorials to nurses; and the student nurse recruiting movement. The purely Red Cross nursing projects were public health nursing, class instruction, and educational work through the Chautauqua. The one major project of demobilization in which the Nursing Service had no official part was the struggle for rank.

CHAPTER XII

THE CLOSE OF THE FOREIGN EMERGENCY RELIEF PROGRAM

The Commission for Europe—The Commission for Poland—The Commission for the Balkan States—Montenegro—Albania—Greece—North and South Serbia—Roumania—Contraction of War Organization

ON November 11, 1918, the American Red Cross had nine commissions conducting medical and general relief activities in Europe and Asia; these commissions were operating in England, France, Belgium, Italy, Palestine, North Russia, Siberia, Serbia and Greece. Accounts of the nursing service rendered by these commissions have already been given, with the exception of those to Serbia and Greece. The Commission for Roumania, it will be remembered, had been withdrawn previous to the cessation of active hostilities.

During the post-Armistice period, the immediate task before the American Red Cross was to bring about as swift a retrenchment of foreign activities as was compatible with the ideals and obligations previously assumed by the society. The nations of western Europe were well able and eager to undertake their own reconstruction and by the beginning of the year 1920 the American Red Cross had recalled its commissions from England, France, Belgium and Italy.

The need for medical and general relief in Poland and the Balkan States, however, was only just beginning. The war cloud which had previously shrouded true conditions in these countries was gradually rolling back and the poverty and disease which existed there began to receive cognizance in the minds and press of western Europe and America. In June, 1919, the Congress of the United States authorized the Secretary of War to transfer to the American Red Cross such medical and surgical supplies and dietary foodstuffs in Europe as should not be needed by the American Army abroad or at home, "to be used by the American Red Cross to relieve the pressing needs of the countries involved in the late war."

Thus a two-fold foreign problem confronted the American Red Cross: First, to terminate its activities in the countries where a continuation of such service was no longer needed; second, to develop a constructive program in countries where such service was needed and desired.

Under the régime of the War Council, the form of organization for American Red Cross activities overseas first contemplated, had been a Commission for Europe, with headquarters at Paris and branches operating in different countries of the European field. Major Murphy's title, it will be remembered, was that of Commissioner for Europe. As the need for American Red Cross relief activities developed in 1917 and 1918 in different countries and was presented to the War Council, new commissions with complete quotas of personnel and supplies, were organized at National Headquarters and sent into the field. If the area of their assignment was geographically so situated that the Paris office, the headquarters both for the Commission for Europe and for the Commission for France, was the logical line of communication with National Headquarters, the War Council linked up their organization with that of the Commission for Europe; if not, as was the case with North Russia and Siberia, they operated independently of the Commission for Europe and reported only to National Headquarters.

On January 29, 1918, President Wilson notified the War Council of the resignation of Major Murphy from membership on that body. Major Murphy's services were desired by the Army. On February 5, Major Perkins was appointed Commissioner for Europe. The Nursing Service at National Headquarters and that overseas, however, was not accorded direct representation on the staff of the Commission for Europe. Miss Delano had thought that Miss Russell would occupy such a position but she had been assigned, instead, to duty in the Department of Military Affairs of the Commission for France and there she had stayed until her resignation and the subsequent reorganization of the Nurses' Bureau under the Bureau of Women's Hospital Service. In lieu of other representation, the Chief Nurse of the Commission for France had also served as the medium of communication between the executives of the Nursing Service at National Headquarters and the various chief nurses of commissions in the European field and the records of duty of nurses assigned to Belgium, Italy and Palestine were

kept in the Nurses' Bureau of the Commission for France. Miss Delano and Miss Noyes knew that this form of organization was not perfect but it had been uphill work to get even that, as has been stated before.

When the War Council went out of office on February 28, 1919, the Executive Committee was confronted with the need for new governing machinery. The post-Armistice reorganization at National Headquarters has already been described. As a form of organization through which to conduct the post-Armistice program overseas, the Executive Committee voted a continuation of the form of organization first adopted by the War Council,—a Commission for Europe, with headquarters of the commission at Paris and the various commissions in different countries heading up through the European Commissioner to National Headquarters. Dr. Farrand, it will be remembered, was the new chairman of the Central Committee. Dr. Frederick Paul Keppel, one time Dean of Columbia University and during the participation of the United States in the European War, third assistant Secretary of State, came to National Headquarters on July 1, 1919, to act as vice-chairman in charge of foreign operations, in which capacity he assumed the direction of all American Red Cross work overseas. The new Commissioner for Europe was Lieutenant Colonel Robert E. Olds, a lawyer from St. Paul, Minnesota, who had formerly served as counselor to the American Red Cross Commission for France. He took up his new duties early in 1919.

In May, 1919, the Executive Committee formally appointed a Committee for the Readjustment and Liquidation of European Activities. This committee was charged with the responsibility of selling all Red Cross supplies no longer needed in Europe and of reducing all activities to a minimum. The committee was composed of L. J. Hunter, comptroller of the American Red Cross, and A. H. Gregg, director of the former Department of Foreign Affairs at National Headquarters. Both of these men had been in France working on the problems of retrenchment since early in April and among other duties, they took over the affairs of the Commission for France.

American Red Cross nursing service in France in connection with the close of the military program has already been described. Of the trend of French reconstruction policy, Miss Hall, then chief nurse of the American Red Cross in France, wrote Miss Noyes on March 14, 1919:

> It appears that the French Government has not asked the American Red Cross to assist in reconstruction work in France; furthermore, it welcomes instead small groups working directly under its own direction, rather than the work of a large organization like ours, which wishes to formulate its own policies and to carry on the work according to its own methods. An illustration of this is given in the fact that both the Smith and Vassar College Units have now been severed from the American Red Cross and are engaged in reconstruction work under the French Government. There is every evidence here that an effort is being made to bring the affairs by the Red Cross in France to a conclusion as rapidly as is consistent with the size of the organization and the varied work it has done.
>
> As far as the nurses themselves are concerned, it has seemed the wiser policy to return as many as possible to the United States, owing to the need for nurses at home. We have kept the number needed for other European commissions and also a small reserve for emergencies here in France.

On December 1, 1918, there had been approximately six hundred American Red Cross nurses on duty with the various commissions in Europe and all administrative details in connection with their service had been carried on through the Bureau of Nursing of the American Red Cross Commission for France. As the nursing activities of these commissions were brought to a conclusion in the spring and summer of 1919, the majority of the nurses then in Europe reported back to the Nurses' Bureau at Paris and were returned to the United States. On March 24, Miss Hall wrote Miss Noyes:

> . . . The work of the Nurses' Bureau is being brought to a close and the major part of it will be finished this month. A few activities, however, will continue to be maintained and it will take perhaps two or three months to wind up these projects. To carry these and the new constructive program, it has been suggested that a Bureau of Nursing be attached to the Commission for Europe which is now under organization and which will have its headquarters at Paris. As long as there are nurses on duty with other commissions in Europe, there will be need for a Nurses' Bureau in Paris.

In this letter, Miss Hall asked that her resignation as chief nurse of the American Red Cross in France be accepted; she had been overseas for two years and desired to return to her

former work in the United States. "May I suggest," wrote Miss Hall in the letter of March 24, "that Alice Fitzgerald would make a most admirable candidate for the position of chief nurse of the new Bureau?"

A month later, Miss Hall wrote Miss Noyes of the further contraction of American Red Cross activities in France:

> Great pressure is being brought to bear on the Medical and Surgical Department, including the Nurses' Bureau, of the American Red Cross in France, to bring our affairs to a close and to get our personnel started for the States. May 1 has been named as the date for the nominal closing of the Nurses' Bureau. I have pointed out the demands which may be made upon us for nurses and I have been told that the Commissioner for France can no longer be responsible for the further assignments of nurses to duty; if any nucleus of this bureau is retained, it will have to be attached to the office of the Commissioner for Europe.

Fifty-nine nurses were released and sailed for the United States in April; fifty-eight others left in May and in June and July one hundred and fifty additional ones returned home. Miss Hall left Brest late in May, but before her departure from Paris, she made recommendations to the new Commissioner for Europe regarding the organization of the nursing staffs of future Red Cross commissions and these recommendations became the basis of future American Red Cross nursing organization overseas. The release of nurses continued until there remained in Europe and in Paris only such nurses as were needed for the so-called "constructive" program.

On May 8, 1919, Colonel Olds transmitted Miss Hall's recommendations as follows to all departments and Bureaus of the Commission for Europe:

> The Bureau of Nursing, formerly reporting to the Commissioner for France, will be transferred to the Commissioner for Europe about May 10, the time when the operating tasks which it has been conducting in France will have been substantially completed.
>
> Because of the altered work of the American Red Cross in Europe, the activities of this Bureau will be substantially different hereafter than they have been heretofore. Its responsibilities will induce:

1. Aid to each operating commission in securing a chief nurse and in assisting chief nurses in obtaining an adequate force of workers.
2. General advisory service to the chief nurse reporting to each commissioner.
3. Direction of any nursing operations remaining under the Commissioner for France.
4. Continuance of the nursing records already established and of the present personal service to all nurses in Europe.

In all this work, the Chief Nurse, in direct charge of the Bureau of Nursing, will work in close coöperation with the Department of Nursing at National Headquarters and will apply the general rules laid down by that Department to meet the above responsibilities, she shall maintain such a reserve force of nurses as may be required to meet the policies of the Commission for Europe and this question shall be given consideration in arranging the release of nurses now engaged.

The Chief Nurse shall report to that member of the Commissioner's staff who is in charge of medical service, at present Lieutenant Colonel Taylor.

Upon Miss Noyes' recommendation, Colonel Olds on May 10 appointed Miss Fitzgerald chief nurse of the American Red Cross in Europe and, as such, director of the Bureau of Nursing, and suggested that she immediately get in touch with the chief nurses of the various commissions then in Europe.

This reorganization of American Red Cross nursing service in Europe marked the successful culmination, on paper, at least, of the struggle begun by Miss Delano in 1914 and carried on by her, by Miss Noyes and the majority of chief nurses in the field during the ensuing years, for a dignified and professional status of American Red Cross nurses on active duty.

On May 22, one hundred and ninety-seven nurses and twenty-one nurses' aides were on duty in Europe, making a total of two hundred and eighteen. Thirty of these nurses were still serving in France, some at American Red Cross Hospital No. 103, the maintenance of which was continued for the benefit of the personnel of American welfare organizations still in France; some at various dispensaries; others in the Nurses' Equipment Shop and the Salvage Department; and still others on duty at the Red Cross dock infirmaries. Eight nurses had been loaned to the Rockefeller Foundation; eighteen to the Commission for the Relief of Belgium; thirteen to the Serbian

Tuberculosis Hospital; two to Montenegro; and one to the French Army as a radiographer.

The nurses on duty on May 22 with the various foreign commissions numbered one hundred and thirty-one. Ninety of these were serving in the Balkan States. Late in October, 1918, National Headquarters had organized a Commission for the Balkans, of which Henry W. Anderson was chairman and Helen Scott Hay chief nurse. Miss Hay arrived in Paris headquarters in December and recruited from among the nurses being released by the Army Nurse Corps in France and the Nurses' Bureau of the former Commission for France, a large staff of experienced and able public health and institutional nurses for duty in the Baltic States. An account of these activities will be given later.

In May, twelve nurses were still on duty in Italy, under Miss Foley's direction. Nineteen were in Palestine but had no chief nurse and as the affairs of the Commission for Palestine were then being concluded, no successor to Miss Madiera was appointed. Eight other nurses were on duty in Poland and two in Prague, Czecho-Slovakia. The affairs of the Commission for Great Britain were being brought swiftly to a conclusion and by July 1, all American Red Cross nurses on Major Endicott's staff, had sailed for the States or accepted assignments under the commissions remaining in Europe.

Among the unsettled problems of the former Commission for France was that of nurses' equipment. On August 5, Miss Fitzgerald wrote Miss Noyes:

> As long as we had supplies here in Paris, it seemed proper to continue to equip nurses, but the time is coming very shortly when we will not have enough supplies left to do so. I have discussed the question thoroughly with Miss Rhodes and we agree that several or even one depot for equipment would be very expensive and would not begin to give satisfaction to all; for instance, an Equipment Bureau in Paris could barely reach some parts of the Balkans and an equipment depot in the Balkans could not reach Poland or Siberia. Transportation is highly uncertain and much loss of time and equipment would inevitably ensue.
>
> Owing to this, I have suggested that a dress allowance be made to each nurse assigned under the Red Cross, with which she is expected to provide the outdoor uniform. All the other articles she will provide at her own expense. An allowance of

> one hundred dollars would cover the expense of a suit each year, a straw and felt hat, two waists and perhaps an ulster one year and a raincoat the next. What are your wishes in this matter?

This recommendation was approved by Miss Noyes and the Commissioner for Europe. The Nurses' Equipment Shop was closed and the supplies distributed or returned to the Bureau of Nurses' Equipment of the Atlantic Division.

The close of the Nurses' Equipment Shop and the return of nurses from Great Britain, Belgium, Italy, Palestine and Siberia marked the termination of the pre-Armistice nursing program. The true post-Armistice nursing program embraced three distinct types of nursing service: First, emergency nursing to alleviate suffering incident to the war in Poland and the Balkan States; second, a constructive program which consisted in the establishment of schools of nursing under American standards in foreign countries and the development of nursing service in connection with health units; and third, indirect stimulation to the development of an international advisory nursing service in the League of Red Cross Societies. These last two phases of the post-Armistice nursing program will be treated in subsequent sections. This section of this chapter will deal only with the emergency nursing relief given in Poland and the Balkan States.

On November 9, 1918, the Independence of Poland had been solemnized and on June 28, 1919, the treaty of Versailles had recognized the Republic. When Poland was opened to the Allies in December, 1918, she was found to be without adequate food, machinery and textiles of all kinds. Her lands in the East had been the arena for much of the heaviest fighting between Germany and Russia in the early days of the war, and reconstruction there had not yet been initiated. The political and military situation was a seething one and the entire population had since 1916 been the prey of typhus, cholera, smallpox, trachoma and the skin diseases due to inadequate feeding and unsanitary housing conditions.

Some insight into the conditions of poverty and misery which had existed in Poland since the collapse of Russia were known to relief organizations in the United States during 1918, but the bristling Teutonic front did not permit the sending of

Allied relief personnel. However, the Polish Reconstruction Committee and the War Work Council of the National Board of the Young Women's Christian Association had organized and given short courses in elementary nursing and social service technique to a group of young Polish-American women then in the United States, with a view toward assigning them to relief work in Poland as soon as that nation would be opened to the Allies. These young women were to be known as Polish Grey Samaritans. Recruiting and training was under the direction of a joint committee; Madame Laura de Gozdawa Turczynowicz, Madame Marya Przybylowska and Misses Elizabeth Packard and Alice Preston represented the Polish Reconstruction Committee; Mrs. John R. Mott, Miss Sarah S. Lyon, Mrs. Henry P. Davison and Mrs. Harry M. Bremer represented the Young Women's Christian Association; Mrs. Mott was chairman. The committee had at its disposal the sum of fifty thousand dollars with which to finance the training of the Samaritans and their assignment overseas. Contact between the committee and the American Red Cross had been established in June, 1918; Madame Turcynowicz had written Miss Delano regarding the placement of Polish Grey Samaritans in hospitals where they might assist in the care of the 200,000 Poles then in the American Army and Miss Delano had referred her to Miss Goodrich and the Army School of Nursing.

The first contingent of Polish Grey Samaritans went to France in September, 1918, under the direction of Madame Paderewski, wife of the distinguished Polish pianist who later became president of the Polish Republic. With them was an American-trained Polish nurse, Josephine Jokaitis, who had done public health nursing under the Chicago Infant Welfare Society. Mrs. Jokaitis was enrolled in the American Red Cross Nursing Service through the Paris Committee early in 1919 and afterwards played an important part in American Red Cross nursing service to Poland.

A second group of one hundred Grey Samaritans sailed from New York on April 19, 1919, for service in Poland. The Joint Committee of the Polish Grey Samaritans had intended to assign a nurse to take charge of the unit and broached the subject to Miss Albaugh, but arrangements were finally made between the Joint Committee and Miss Noyes and Miss Hall whereby the unit would be linked up in Poland, if opportunity developed there for their services under the American Red Cross, with the

Chief Nurse of the American Red Cross Commission for Poland.

In February, 1919, at Paris Headquarters, an American Red Cross Commission for Poland was organized, of which Dr. W. C. Bailey, of Boston, was the director. The nursing personnel was composed of four American Red Cross nurses and thirteen Polish Grey Samaritans of Madame Paderewski's group. Emma Wilson, a Hopkins nurse who had done medical social service work at Bellevue Hospital, public health nursing at Henry Street and had served under the Commission for France in the *Service de Santé* and at the Bordeaux dock infirmary, was chief nurse; Mrs. Jokaitis was her assistant. A second Polish nurse, Marie Suchowska, who had also been trained in the United States, accompanied the unit. The two other American Red Cross nurses were Mary Bartley and Martha S. Clarke. A trainload of supplies had already been sent up to Poland in January and the commission took another trainload with it when it left Paris for Warsaw, in two sections, on February 20 and 21.

In a report of the Nursing Service in Poland from March to June, 1919, Miss Wilson wrote:

> On March 3, our band of five nurses and thirteen aides reached Warsaw, and on April 26 three more Red Cross nurses arrived. We immediately began to set up headquarters and a personnel house. . . .
>
> Calls for nurses for special duty came early and have since been constant. . . . The uncertainty of our plans, the difficulties of transportation and the extent of the territory to be covered made it seem undesirable to establish a hospital at Warsaw to care for ill members of the commission. On June 3, we had given twenty-six weeks of private duty nursing to our own personnel. We also furnished nursing care to British officers of the Inter-Allied Commission and to a Captain of the Hoover Food Commission.
>
> Since the plans of the Polish Commission were in a formulative state, we were invited to help at the large military hospital at Warsaw, the *Ujazdowski Spital*. On March 10, one half of our nurses and aides went on duty there. At first the conditions seemed unbelievable, but we have seen much worse since. The native nurses were, of course, untrained and their hours of duty seemed very short to us, but in view of their insufficient food and uncomfortable quarters, little more could have been expected of them.

> There was no soap, no bed linen . . . no suitable food for patients on liquid or light diet and practically no medicines or nursing appliances. The day's rations of hard black bread was placed each morning on the bedside table of the convalescent and the dying alike. No Red Cross supplies even were available for our nurses or their patients during their three weeks' assignment here, but the American nurses' work won for them many friends.

Late in March, the commission decided to undertake general relief work in the Department of the East and the coöperation of the Polish Red Cross was sought. Twenty-two young Polish women were secured to act as interpreters and were attached to Miss Wilson's staff as nurses' aides. Of their assignment to duty, Miss Wilson wrote:

> We divided our forty nurses into four units, each with American Red Cross nurses in charge of numerous aides, and on April 3 we left Warsaw on the Commissioner's supply train.

On April 26, nine more Polish aides and on May 14, thirteen others were sent from Warsaw into the field, so that the nursing staff finally numbered seven American Red Cross nurses, thirteen Grey Samaritans and forty-four Polish aides. The plan for relief work embraced the assignment of American Red Cross personnel to the Kobrin district from whence they were to work north through the regions of Brest-Litovsk and Bialystok. Major H. W. Taylor took charge of the work in the Department of the East with Major A. J. Chesley as his chief of staff.

One of the units went to Maciejow, a village with a population of 2000, of whom the majority were Jews, and established a small hospital and dispensary in an old building formerly used as a German hospital and bathhouse. Food and supplies and a small amount of nursing and dispensary service were distributed from this base to the surrounding countryside.

A second unit went to Dolsk and established a dispensary and canteen in buildings formerly belonging to an old Polish estate. Miss Bartley was in charge of the nursing activities here and Mrs. Jokaitis did public health nursing.

The third unit went to Pruzana, a village located a few hours' travel north of Brest-Litovsk. The nurses and aides went into an old palace which was half occupied by the military

authorities but found conditions such that little medical or nursing service could be rendered. Instead, Mrs. Clarke, the nurse in charge, and her aides did the housekeeping for the American personnel and ran a canteen which daily fed eighteen hundred people.

North of Pruzana was located Bereza Kartusa and the unit assigned there established an orphanage for sixty Polish children and a dispensary from which medical service, public health nursing and general relief was extended into the surrounding country.

Early in June, 1919, Miss Wilson returned to Paris headquarters. Conditions in Poland were chaotic. The nurses had had no voice in the determination of nursing policies and the executives of the commission seemed to possess little idea of the possibilities for the broad and varied service which nurses might render. The leaders of the commission felt that a speaking knowledge of the Polish language was of paramount importance, without which the American nurses could do little, and they appeared to prefer the services of poorly-trained Polish-speaking aides to that of American Red Cross nurses working with interpreters. Miss Wilson had stood out for the development of dispensaries and public health nursing service under the direction of the well-trained American nurses; but the Commissioner did not agree with her in this policy and ordered her to return to Paris Headquarters. She understood that the nursing program in Poland was discontinued and expected that the American nurses and Polish aides would follow her within a few days, if not on the next train. The days passed and no nurses made their appearance. Miss Fitzgerald, anxious lest the undirected group should come to grief, sent a cable of protest to the Commissioner for Poland regarding the treatment given Miss Wilson and requested that an acting chief nurse be appointed at once who would communicate with the Nurses' Bureau at Paris Headquarters and send in reports of the nurses' conduct and welfare. In response, Colonel Bailey appointed Mrs. Jokaitis as acting chief nurse and held the nurses in Poland, where they continued to do civilian relief work.

During the summer of 1919, all the affairs of the Commission for Poland were in a somewhat fluid state. On August 11, Colonel Chesley was appointed to succeed Colonel Bailey and he immediately drew up plans for the development of an extensive

medical and nursing program in Poland. Early in September, he called upon the Chief Nurse of the European Commission to secure ten Polish-speaking American nurses for service in Poland but several days later had countermanded the order, authorizing instead a social service worker to go to the United States and recruit all personnel, professional and otherwise, for the reorganized Polish Commission. In place of the usual salary of $70 a month for Red Cross nurses in foreign service, Major Chesley authorized the sum of $105; he also stated in his letter of instruction to his new representative that "it is not essential for our work that the nurses have the regular nurses' uniforms, as those issued to social workers will be satisfactory." Major Chesley wrote on the same day to Miss Noyes, that he felt that "it would be better, not only for the workers but for the Red Cross, to have Miss ———— personally superintend the recruiting of the nurses and to convoy them to Warsaw to us," rather than to have it done through Miss Fitzgerald's office.

The situation which ensued possessed certain elements of humor which Miss Noyes and Miss Fitzgerald would have been better able to appreciate if their patience had not already been overtaxed by the seemingly complete ignorance, on the part of Red Cross foreign commissioners, of the standards and regulations of the Nursing Service. To offer nurses a higher salary for service in Poland than that which was being given to those working under other Red Cross foreign commissions was manifestly unfair. To delegate to a laywoman the choice and supervision of Red Cross nurses and to suggest that when so chosen they wear the uniform of social service workers, was a procedure which flew in the very face of nursing traditions. Months were consumed in the adjustment of this irregularity. Finally, the ten Polish-speaking nurses were recruited through the Nursing Service at National Headquarters and in the various Divisions, particularly that in Chicago, and set sail from New York in December, under the leadership of Edith Merle Benn, one of the former nurse lecturers on the Radcliffe Chautauquas.

Miss Fitzgerald's last piece of work as chief nurse of the American Red Cross in Europe consisted of a tour of inspection which she made in Poland between October 2 to October 17. Of the activities of the commission in Bialystok, she wrote:

> We visited two very large warehouses, one of which was particularly well stocked with clothing, medical supplies and

general equipment. We visited a refugee camp to which the returning natives are brought for cleansing, are kept on an average of three days and supplied with some clothing by the American Red Cross. Some of the soldiers stationed nearby have also received clothing from the organization. We also visited a typhus hospital of five hundred beds which has been vastly improved through the guidance and advice of our physicians and to which some equipment has been given. No American Red Cross personnel, however, is assigned there.

Next we went to an Army hospital of one thousand beds to which the commission had given equipment, and also the laboratory, of which Dr. Placida Gardner is in charge. . . . Apart from the equipment given to the hospitals, no American Red Cross medical work of any sort is being done in Bialystok. . . .

On their way east, Miss Fitzgerald's party visited the village of Slonim to which the commission had previously given equipment. Miss Fitzgerald wrote:

The hospital was in a very bad condition and the only person who seemed to be at all responsible was one native woman who took us around. The patients were not cared for, the building was dirty and nothing seemed to be in place. I have never seen a more striking example of the uselessness of giving equipment to a hospital without providing at least a temporary loan of personnel to teach the natives how to use that equipment. . . . A very elaborate bathing arrangement which has been put up was naturally out of order and all the water which should have been in the boiler or in the tub was on the floor.

I remarked on the fact that a nurse or nursing aide could do a great deal even in a short time in such a hospital, but it seems that that kind of work has not entered into the scheme outlined in Poland in the past.

From Slonim, Miss Fitzgerald went to Baranovicci and found there a hospital attached to a military camp and a large distributing center. Miss Fitzgerald wrote:

The hospital is in better shape than any I had previously seen. . . . A Polish aide was on duty there and others were busily distributing clothing and food, going in carts from one village to another. . . . This distribution represents a great deal of work and requires a considerable number of people. In the month of September alone the unit stationed

> at Baranovicci reached 148 villages and distributed clothing to about 40,000 people. . . . When sick people are found in the homes no attempt is made to give them medical attention at that time, but if very ill the family is advised to take the patient to the nearest hospital, which in many cases is a long distance away.

From Baranovicci, Miss Fitzgerald went to Kobryn and found similar work being carried on. From there she proceeded to Brest-Litovsk and thence back to Warsaw. She then made the following recommendations:

> There is practically no medical work being done by the American Red Cross in Poland and I feel that we are missing a great opportunity by not placing nurses and nurses' aides in the Polish hospitals. There is no reason to think that when this method has succeeded so well in other countries it would not be equally successful in Poland. . . . Hitherto, the policy of the American Red Cross in Poland has placed the question of language before any other factor. This is plainly shown by the very large Polish personnel composing the commission. In units like those at Baranovicci and Kobryn, the only American people are the doctor and one stenographer; the rest of the fifteen or twenty women are Poles, some of whom were enrolled in America but many of whom do not even speak English.
>
> I have been told on excellent authority, and I can readily believe it, that the Polish people themselves would prefer American workers and undoubtedly these would carry with them a prestige which no native can obtain. It is not always easy to determine the spirit in which the native distributes assistance and there is always the danger of crippling one's gift through a patronizing attitude.

The military situation in Poland early in 1920 was favorable to the development of an American Red Cross program. In April, 1920, the Republic had an army of 700,000 men in the field. An active spring offensive was expected on the part of both the Poland Army and the Red Guard and the American Red Cross commission in Poland made extensive plans to furnish medical, nursing and general relief to Poland during the ensuing months.

In addition to the unit of ten Polish-speaking nurses, National Headquarters sent other units during the early spring

of 1920, so that by June, 1920, the nursing staff of the Polish Commission numbered eighty-one nurses and twelve nurses' aides.

On May 19, Miss Hay left Paris to make an inspection trip in Poland and during the following weeks she visited the chief centers of American Red Cross nursing activities and found that the Commission for Poland had developed a broad program of medical relief in the regions dominated by Warsaw in central Poland; by Vilna and Minsk in northeast Poland; by Bialystok and Brest-Litovsk in central-eastern Poland and by Lemberg and Cracow in southern Poland. The résumé of nursing activities which follows is based largely on Miss Hay's report of her tour of inspection made in May and June, a report submitted to Miss Noyes on July 15, 1920.

In Warsaw, American Red Cross medical and nursing relief included the maintenance of a typhus research hospital and a small hospital for the care of American Red Cross personnel in Poland.

The Typhus Research Hospital had been established in March under the direction of the League of Red Cross Societies.[1] The patients consisted of especially typical and critical cases of typhus, which were chosen from among patients of hospitals in the field, particularly that at Stanislau, and sent to Warsaw for observation and treatment. The capacity of the hospital was twenty-eight beds. The nursing staff was maintained at an average strength of about twelve nurses of the Commission for Poland. The commanding officer was Dr. F. E. Palfrey and the head nurse, Stella Mathews. Miss Mathews was a Milwaukee nurse who had organized the nursing personnel and served as chief nurse of Base Hospital No. 22 and Evacuation Hospital No. 20 at Beau Desert Center, A. E. F., France.

The hospital established for the care of American Red Cross personnel in Poland was located in Praga, a suburb of Warsaw, and was called the Praga Hospital. Lenna H. Denny was head nurse.

Northeast of Warsaw was situated the Russian-Polish city of Vilna, where the Polish Army opened on March 19, 1920, a military surgical hospital. The American Red Cross Commission for Poland furnished equipment for this hospital and

[1] For a complete account of the campaign against typhus in Poland, see the Bulletins of the League of Red Cross Societies, 1919-1920, Vol. I.



A ward of the Vilna Military Surgical Hospital, Vilna, Poland.



The American Red Cross Orphanage at Liskow, Poland.

assigned twenty-seven nurses to duty there with Edith Clendenning as head nurse. The hospital was housed in tents, barracks and a large and attractive building which had formerly been occupied by the Russian Military School. The capacity was three hundred and fifty patients, with an emergency expansion to six hundred.

On the outskirts of Vilna in a large pine forest the Vilna Railroad had maintained (prior to the outbreak of the European War) a hospital for the benefit of its employees. The large main building had been subsequently wrecked and was not usable, but the hospital establishment included detached cottages wherein infectious cases had been treated. The commission took over and repaired seven of these, assigned an American Red Cross surgeon and seven nurses to duty there and assisted the Vilna Railroad in the maintenance in these cottages of a hospital of fifty beds. Like the Vilna Military Surgical Hospital, this institution was run under dual management, with Dr. Machevsky, the head physician of the Railroad of the Vilna District, coöperating with the American Red Cross officer, Captain J. J. Donovan. Louise M. Water was the head nurse.

Southeast of Vilna was the former Russian province of Minsk and in it was located the city, Minsk. Here during the spring and summer of 1920 Field Unit No. III operated; Marie Suchowska was the nurse in charge of several Polish aides and under her direction they carried on a certain amount of district nursing and distributed food and clothing in the Minsk district.

Southwest of Minsk was Bialystok, headquarters of the American Red Cross in the Department of the East. Here the commission had established early in January, 1920, an orphanage in the main barracks of a former post of the Russian Army and by July 1 had collected 783 children there. The children's food was largely supplied by the Polish Government and the American Relief Association, with supplementary rations from the warehouses of the commission. Classes in carpentry, plumbing, cobbling and sewing for boys and girls were organized and school gardening was encouraged under the auspices of the American Junior Red Cross.

In connection with the Bialystok Orphanage, a hospital of one hundred beds was maintained for the care of the children, "who are always below standard upon admission," wrote Miss

Hay, "and suffer from tuberculosis, pink-eye, measles, mumps, whooping cough and malaria." On June 25, 361 children had been cared for in the hospital, while at the dispensary 2224 treatments had been given. The nursing staff consisted of fifteen American Red Cross nurses and the head nurse, May L. White. In addition thirty-five Polish aides were on duty in the orphanage. Twenty-seven of them were employed by the commission and nine by the Refugee Bureau of the Polish Government, which coöperated with the American Red Cross in the maintenance of the orphanage.

At the Orphanage Hospital, instruction was given to Polish aides in elementary nursing. The textbook in Home Hygiene and Care of the Sick was translated into the Polish language and was used as a basis for theoretical teaching. Dr. Laleski, assistant medical chief, supplemented this text by lectures and one of the Polish-speaking American Red Cross nurses, Doris Wartosky, conducted practical work for the aides in the wards of the Orphanage Hospital.

South of Bialystok on the Bug River was located the city of Brest-Litovsk. American Red Cross Field Unit No. II were assigned to duty there early in 1920 and made it the headquarters for medical and general relief without the district. Eleanor Mettel, an American Red Cross public health nurse, was in charge of several Polish aides. The work, like that of Unit No. III, consisted largely in the distribution of relief supplies, but Miss Mettel made a constructive step forward by interesting and training her staff of Polish aides and the local midwives in more adequate care of mother and child.

American Red Cross Field Unit No. IV was assigned to the town of Tarnopol, situated southeast of Brest-Litovsk in Galicia among the foothills of the Carpathian Mountains. Tarnopol was in 1920 a city of some ten thousand inhabitants and had suffered considerable destruction and consequent demoralization during the war. Field Unit No. IV was engaged in distributing relief supplies there. Alice A. Tanguay, an American Red Cross nurse, was on duty and had in charge the three Polish aides. Two hospitals were maintained at Tarnopol, but not by the American Red Cross. One was the Infectious Hospital, which "in cleanliness and care of the patients," wrote Miss Hay, "is above the average." The other was the Municipal Hospital, which was under the direction of Sisters of St. Vincent de Paul.

Southwest of Tarnopol and situated among the Carpathian ranges was Stanislau, to which Field Unit No. VI was assigned. A large typhus hospital was maintained here by the local government and sent cases northwest to the Typhus Research Hospital at Warsaw. The services of the American Red Cross nurse and Polish aides of Unit No. VI were utilized, however, for civilian relief work.

The Galacian city of Lemberg (Lwow), which was northwest of Stanislau, was the headquarters for the American Red Cross in southern Poland and the warehouse base for activities in Stanislau and Tarnopol. Here Pauline H. Wilkouski, an American Red Cross Polish-speaking nurse, was on duty but her work was chiefly in the field of civilian rather than medical relief.

West of Lemberg was located Zakopane, near which the Countess Zamoyska had established some twenty-five years before the war, a School of Domestic Science for Polish Girls. In her report of a tour of inspection made in Poland in May, 1920, Miss Hay wrote:

> This school is located about four kilometers from Zakopane, among the beautiful foothills of the Carpathian Mountains. The main building is a three-story one and there are also detached cottages. The housekeeping is that of the thriftiest housewife,—scrupulous cleanliness, thoroughness and thrift are apparent everywhere. Dairying, poultry raising, gardening and agriculture are included in the three years' course of training.
>
> "One must eat and cooking is necessary," the Countess Zamoyska used to say, "therefore every woman should know how to cook. One must have clean surroundings, therefore one must be taught how to make the home clean and orderly and to keep it so. One must have clean clothes, so one must learn to wash and iron."
>
> With practical ideals such as these, the Countess and her daughter have established a course of training of great benefit to hundreds of young Polish women, and as the school has always been *truly Polish* in spirit, it has become a fostering center for ardent patriotism and love for Poland.

On May 1, 1920, Emily Skorupa, one of the ten nurses of Miss Benn's unit and an American-trained public health nurse of broad experience and much ability, was assigned to Countess

Zamoyska's School to organize and conduct classes in Home Hygiene and Care of the Sick. Miss Skorupa had herself been graduated from the school before she had come to the United States, so her assignment there was a particularly happy one.

Miss Skorupa translated the Delano textbook on Home Hygiene and Care of the Sick into Polish and used it as the basis for her instruction at the school. The course was eagerly received by teachers and pupils alike. Two of the teachers received special instruction, with the view of preparing themselves to give the course in the event that the American Red Cross nurses might be withdrawn from Poland.

West of Zakopane was located Cracow, a Galacian city which boasted a municipal hospital of fifteen hundred beds. In connection with this institution, a group of Polish women, among them Miss Epstein, had endeavored years before the war to establish a school for nurses, but the plan had met with scant success, if judged by Anglo-American standards of nurse education. Early in the spring of 1920, Stella Tylski, another Polish American-trained public health nurse of Miss Benn's unit, had been loaned to the Municipal Hospital; she had gone on duty in the School for Nurses and tried to do what she could. Of the conditions of poverty and misery which existed there in May, 1920, Miss Hay wrote:

> We visited the medical, gynecological, obstetrical, children's and eye and ear departments. The medical and surgical wards are large and light, but in them exist frightful conditions of overcrowding,—two adults to every bed even in the most unclean cases. There is space for more beds, but there is no money with which to purchase them, or, for that matter, any other supplies. One likes to picture the heavenly transformation that could be brought about here with a minimum of supplies and an adequate nursing personnel.
>
> The gynecological department is located in one of the oldest parts of the building, directly under the dormer roof. Crowded as it is with patients in intense suffering, dirty, with no nursing care, one wonders how any benefit could ever be found here or how any surgeon could daily face such desperate conditions.
>
> The obstetrical department is in a bigger and lighter room, but is so crowded and so destitute of supplies as to be truly tragic. "Clean" obstetrics would seem an impossibility. One shuddered with sympathy when they weighed the naked little babies, one after another, in the cold metal scale pan! The

> nursing service is under the Sisters of St. Vincent de Paul,—good and patient women but powerless to cope with the many difficulties. The nursing care, except for that coming from the Nursing School, is given by domestics of the most slatternly and indifferent type. Miss Tylski states that the patients and beds throughout swarm with vermin, that when bandages are removed unspeakably bad conditions are revealed. . . .
>
> In these departments and under such conditions, the student nurses browse about in search of whatever scraps of nursing knowledge they may chance to find. Miss Tylski has done what she could to help them, but any good influence or careful lessons from her are likely to be lost in the objectionable conditions abounding everywhere.

On June 15, 1920, Miss Benn resigned as chief nurse of the American Red Cross Commission for Poland and was succeeded by Miss Mathews, formerly head nurse of the Typhus Research Hospital.

Such were the nursing activities of the American Red Cross in Poland during the spring and summer of 1919. National Headquarters and the Commission for Europe were turning their attention from the widespread distribution of emergency relief to the development of a more permanent and constructive program. One of the major phases of this constructive program included plans leading toward a better appreciation in foreign countries of the value of the professionally-trained nurse, and a pioneer attempt along these lines was launched in July, 1920, at Warsaw. The Polish Red Cross Society maintained there a hospital wherein it gave, after the custom of other continental Red Cross societies, a three months' course in the theory of military nursing to young women who were called Polish Red Cross "war aides" and who were subsequently assigned to service with the Polish Army. In July the class under instruction at the Polish Red Cross Hospital in Warsaw numbered 103 students. Madame Idjukovska, the director of Nurses of the Polish Red Cross Hospital, called on the Chief Nurse of the Commission to assist her in giving more thorough preparation to these aides. Mrs. Jokaitis and Praxeda Franczak, a Polish-speaking American Red Cross nurse who had gone overseas in Miss Benn's unit, were assigned to duty there and tried to develop an elementary course similar to that in Home Hygiene and Care of the Sick. The attempt was not an unquali-

fied success. The American nurses went into the wards of the Polish Red Cross Hospital, cleaned them and gave bedside care to the patients, but this service resulted in loss of prestige for the Americans in the eyes of Polish aides and patients alike. While the actual care of the sick was regarded by the American nurses as dignified and altruistic the Poles regarded it as degrading menial labor fit only for domestics. Thus the American nurses could maintain little discipline and their endeavors to provide instruction through theory and actual demonstrations of nursing technique were received with scant enthusiasm.

Early in August, 1920, the Polish Armies met with military reverses. The Soviet Army of Russia invaded Poland from the north. On August 6, Colonel Olds cabled National Headquarters that "owing to the critical situation in Poland, thirty-seven nurses were immediately released. . . . Thirty-five others are being held in Poland for any emergency. Future nursing service in Poland," concluded the cablegram, "is stationary." On August 11, the Red Guard cut the Danzig-Warsaw Railroad and three days later began to close in about Warsaw.

The military crisis wiped out American Red Cross medical and nursing relief in northeastern and central-eastern Poland and caused the evacuation of personnel and supplies from Warsaw to Cracow. One of the picturesque incidents of this withdrawal was the removal of the orphans from Bialystok. The order for immediate evacuation allowed Miss Mathews scant time for preparation. She applied at once to the military authorities for transportation and in spite of the traffic congestion and the great need for rolling stock, they allotted her fifty-one freight cars. Into these all equipment which could be moved, clothes, food, cots and medical supplies, were placed and lastly the thousand children. Two nurses were assigned to each car full of children. During the four days' trip southward through the panic-stricken country-side food was served from an American Red Cross canteen car attached to the long evacuation train.

Their destination was the village of Liskow, near the southwestern border. When the youngsters arrived, there were not houses enough in Liskow to shelter them all. It was a warm midsummer night, so Miss Mathews had the cots set up in the fields, and the young Poles rolled up in their American

blankets and slept in the open. The next day temporary billets for them were found in Liskow and in adjoining hamlets until the erection of a new orphanage could be completed.

The Soviet Army, however, had been unable to hold their gains in the face of the savage Polish counter-offensive. By August 19 the Poles had routed the Red Guard from the Warsaw District, had taken 10,000 prisoners (according to news dispatches) and recovered territory in east central Poland including Brest-Litovsk. During the late days of August, the victorious Polish Army drove the Soviet Army completely out of Poland.

Early in August, the American Red Cross commission paused in their evacuation to reconnoiter in Cracow and there the nurses begged so hard to be allowed to remain in Poland rather than to be sent on to Paris with the rest of the American women personnel that thirty of them, with Miss Mathews as their chief, were permitted to stay. When Warsaw had been threatened, vast quantities of American Red Cross supplies in the Warsaw and Bialystok districts had been moved to Cracow. Five railroad trains were secured by the commission then in Cracow and were loaded with food and clothing. Canteen and dispensary cars to which doctors, nurses and other personnel had been assigned, were attached to the trains and each train was started back from Cracow at different tangents into Poland. The trains stopped at towns and villages and fed and clothed the refugees and native population and gave first aid to many who had been wounded in the Soviet advance. "The reports of these railroad units," stated the Annual Report for the year 1921, "show that they cared for more than 1000 surgical cases weekly and fed a maximum of 750,000 persons in a single month."

The evacuation of hospitals and the subsequent withdrawal of American Red Cross personnel from Poland to Cracow marked the close of the plan for nation-wide medical relief for Poland which had been contemplated by the commission. The nurses and representatives of other types of personnel were not returned, however, to Paris, but were kept in Cracow and later Warsaw. "In October, 1920," wrote Miss Hay, "the nurses' activities in Poland were largely restricted to class-work in home nursing in Cracow, Posen, Kornik and Warsaw. In addition, there was at Cracow a day nursery averaging seventeen babies; a tuberculosis and general dispensaries; and visit-

ing nursing among the families of dispensary patients." The development of the child health program which later took place in Poland will be described in a subsequent section.

The second verdant field for American Red Cross emergency relief during the post-Armistice period was, it will be remembered, to be found in the Balkan States. In October, 1918, Miss Hay had been released from her work as director of the Bureau of Instruction at National Headquarters and with two nurses, Marietta Wilsey and Caroline E. Robinson, had sailed early in December for France. In London, Rachel Torrance had joined the group as Miss Hay's assistant and the four had proceeded to Paris. Miss Hay there organized a unit of some fifty-three nurses who were then being released from duty with the Army and the Commission for France and with them had gone to Rome. Colonel Anderson, the commissioner for the Balkan States, had succeeded in recruiting personnel for his staff and in bringing into the Balkan States approximately 25,000,000 pounds of supplies which consisted largely of food, hospital supplies, clothing and agricultural implements.

In January, February and March, Headquarters for the Commission for the Balkans was located at Rome; in April, they were transferred temporarily to Salonika, Greece, and later to Belgrade.

Previous to the arrival of Colonel Anderson and his staff at Rome, two American Red Cross commissions were already operating in the Balkans but were engaged chiefly in civilian rather than medical relief. The first of these, the Commission for Serbia, of which Dr. Edward W. Ryan was in command, had been engaged in distributing supplies there since the spring of 1917. The second, the Commission for Greece, of which Lieutenant Colonel Edward Capps was in command, had arrived in Athens on October 23, 1918, with large supplies of food and clothing. No American Red Cross nurses, however, were on professional duty with either of these commissions; Miss Gladwin had assisted Dr. Ryan in the distribution of material relief in Serbia but returned to the United States early in 1919.

The organization of the Commission for the Balkans followed in miniature that of the Commission for Europe: Colonel Anderson and the heads of various departments who formed his staff had charge of the "enrollment of personnel, the acquisition

and movement of supplies to the various ports and similar service outside the several countries . . . but on arrival of personnel and supplies at the ports, they came under the control of the commissioner or unit for that territory, which had direct charge of the work in its given state." [2] The line of communication between the various commissioners to the Paris Office and National Headquarters was through Colonel Anderson and for the Nursing Service, through Miss Hay.

Miss Hay and her nurses arrived in Rome in January and immediately the fifty-three nurses were divided into units, each with its head nurse, and were sent into the Balkan field. Additional nurses were assigned to service in the Balkans early in 1919 by Miss Hall and Miss Fitzgerald and on June 30, 1919, the nursing staff numbered ninety-eight nurses who were working under six units assigned to Montenegro, Albania, Greece, North and South Serbia and Roumania. These units were attached each to the staff of the commissioner of the country to which they were assigned and the head nurse worked in as close coöperation with the commissioner as could be established.

Such, in January, 1919, were the organization, the personnel and the facilities for development of an extensive American Red Cross relief program, both medical and general, in the Balkan States. Of the standards of nursing care which existed there, Miss Hay wrote her report of the Nursing Service of the Balkan Commission, November 1, 1918, to September 30, 1919:

> The trained nurse and good nursing have scarcely been known in the Balkans until the recent wars and the influx of foreign nursing missions so splendidly demonstrated their value.[3]
>
> Conditions in Balkan hospitals have been most inadequate and the care of patients deplorable. . . . The nursing service, always trifling and incidental, has degenerated still further from the increased amount of work and the scarcity of helpers. Where with fifty patients one never planned to give a bed bath or do ought to prevent a bedsore, how could any such

[2] See Annual Report, 1919, p. 124.

[3] For an account of the foreign units sent between 1914 and 1918 to Serbia, British, Scotch, Russian, French, Bohemian, Danish, Greek and American, see "Report of the Nursing Service, Balkan Commission, American Red Cross, November 1, 1918 to September 30, 1919," by Helen Scott Hay, pp. 2-8, Red Cross Archives.

> extraordinary activity be expected with five hundred patients? Medical students, both men and women, *feldchers* (men with a limited amount of medical and hospital training) and midwives were able to assist with operations and dressings, to prescribe simple remedies and to take temperatures, but none of these had any mind for nursing tasks themselves. Neither did they know or desire good nursing from the helpers in the wards, who were men and women of the lower classes and who clattered about their hospital duties without training or supervision of any kind. . . .
>
> For the ills of the neighborhood, the boils and malaria and rheumatism, there are the old *babas,* or grandmothers who incline to squash poultices. No one in the average Balkan village ever bothers himself or his neighbors with questions of prevention or any public health propaganda.
>
> The big task, therefore, in our medical relief work is far less one of dressing so many wounds and washing so many babies, and caring for so many tuberculosis patients, as it is to create among the people a real appreciation and desire for an improved order of living: for the sanitary hospital, for the skilled care of the typhoid sufferer, for the right care of well babies and the like. Neighborly assistance and foreign skilled supervision may be desirable for some time to come. But when the people themselves have been educated, through the example of doctors and nurses, to the point of wanting this improved order of living, on that day they will be able themselves to carry on admirably the desired activities.
>
> In all health projects, the trained nurse or trained woman worker is essential. . . .

This account of American Red Cross nursing service in the Balkans during the period previous to the adoption of the policy of child health units, a period lasting from January to November, 1920, will begin, for geographical reasons, with a brief account of the nursing service in Montenegro and will continue with accounts of that developed in Albania, Greece, North and South Serbia and Roumania.

The Commission for Montenegro arrived late in January in Podgoritza, the largest city in Montenegro and one which had a population of about fourteen thousand, and established its headquarters there. The first American Red Cross commissioner for Montenegro was Major Elliot G. Dexter; he resigned on April 28, 1919, and was succeeded by a Californian, Major Henry R. Fairclough. The first head nurse of the unit of four-

teen nurses in Montenegro was Georgia B. Greene. She was succeeded on April 15 by Lena Margaret Johnson.

In working in a country as isolated as Montenegro, where supplies had to be brought in by camion or on the backs of mules or porters when the roads grew impassable, the American Red Cross personnel naturally met with primitive living conditions. The plan adopted by the commissioner of such a group was to establish upon arrival in the field of future activities an American Red Cross personnel house, equip it with Red Cross supplies and charge one of the personnel with the duty of maintaining the household in cleanliness and providing adequate meals. Sometimes this housekeeper was a nurse, sometimes a social service worker, but the fate which had overtaken the Gevgeli Units in 1915 in Serbia had made National Headquarters especially charge each commissioner with the responsibility of safeguarding the health and welfare of his personnel. Another plan used in the Balkans was the establishment of Red Cross central mess and recreation rooms. The different members of the personnel were then furnished, usually through arrangements by the Government of the country to which they were sent, lodgings close at hand. They then lived in these lodgings and went to the Red Cross headquarters for meals and diversion. Such a plan was established at Podgoritza and was more or less satisfactory. "Two of the nurses," wrote Miss Hay, "were quartered in houses where a pig was also a denizen. The others were very comfortable."

The American Red Cross established in Podgoritza a hospital of sixty-bed capacity. This was first located in an old military barracks, but was moved in April to the former residence of Prince Mirko, just outside the city. The lower floor was used for personnel, the second one for operative and sick medical cases requiring nursing care and the third for convalescents, "salvarsans" and quarters for nurses' aides, the native housekeeper and orderlies. The house was lighted by kerosene lamps and was heated by wood stoves but had no running water. Of the native aides, Miss Johnson, the chief nurse in Montenegro, wrote:

> We secured three young intelligent-looking girls of about eighteen and took them into the hospital. They learned some of the first principles of nursing easily, but after a year's training neither of them could read a thermometer, nor could

> we trust them to carry out orders unless we were there to see that they did it. One reason for this is that the word of a man is a command, so when a man patient insists on getting up immediately following a laparotomy, the aides in fear and trembling let him, and when an hour previous to an operation he madly calls for food, they dutifully get it. Now both they and the patients, however, are gradually beginning to learn that an American woman's word, if she is head of the ward in which he happens to be, is as good as that of a man.

In connection with the hospital the commission maintained a lively dispensary where from fifty to ninety patients were daily treated. A dental department was an active phase of this service. One nurse was on duty at the dispensary and two others, Mabel Nelson and Sara McCarron, did visiting nursing among the families of dispensary patients. The city of Podgoritza was bisected by a small river into the "old" and the "new" towns. The "old" town included a large Turkish settlement and there the nurses found conditions which seemed unbelievably wretched to the Occidental relief worker. Miss McCarron wrote:

> When we arrived in Podgoritza on January 26, 1919, it was very cold. There was no coal and little wood. . . . Six days later I started out to do district work and my first patient was a bad nephritis case. I found her almost on top of the stove; they do this to keep warm. The family was in fairly affluent circumstances and could provide the nourishment she needed.
>
> We visited from twenty to thirty families each day. My district was in the "old town," the Turkish section, or "Turkey-town," as we called it. It was five hundred years old. When we first arrived, the spirit of the people was at low ebb and they were slow to grasp the idea that we were there to help, but when they did, every door was open to us, Christian and Turkish alike. The poverty was stark and terrible, no fires in some of the homes, the people scantily clad; dirty; no soap; hungry. Many had no beds and those who had mattresses to lay on the dirt floors were considered well off. Others, desperately poor, had only a slip of burlap to lie on. Oh, it was heart-rending!
>
> One case, a widow with an eight-year-old girl, was suffering from an infected foot, and I got there at twilight. After I had closed the door, which was the only means of light they had, I could not see the patient huddled in a corner on a

bundle of filthy rags, reeking with pus from the infected foot. The wound had been discharging for two years, the patient told me. We sent her to our hospital for two months. When she came home, she found that the walls had been whitewashed, a small hole opened in the ceiling above the fireplace for the smoke to escape, an army cot, sheets, blankets and food daily until she could get work.

Early in March, the two public health nurses in Podgoritza started school nursing. Miss McCarron wrote:

> The five hundred children in the primary school were barefooted, illy clad and lonely. The school was not heated in any way and they sat there and shivered, too cold to study. I inspected them every month and on my first inspection found over two hundred cases of pediculosis; numerous ones of scabies; some impetigo and nephritis; no trachoma; one case of acute conjunctivitis and on a later inspection two of farus. I succeeded in having thirty-one bad head cases shaved at once, more than I could ever accomplish at home in ten months. The principal and teacher were splendid in their cooperation.
>
> Spine and eye cases went to the dispensary for treatment, also pediculosis victims for petrol and lard. Talks on care of the teeth and mouth were given by Dr. Wolf, our dentist, and tooth brushes, handkerchiefs, covers for drinking glasses and soup were distributed.
>
> All tuberculosis, malnutrition, scurvy, convalescent pneumonia, bronchitis and influenza cases in the district were referred to the dispensary every morning at nine o'clock and received evaporated milk, jam, eggs and any other article of diet the doctor ordered.

A large soup kitchen was maintained at Podgoritza and "feeds nearly one thousand people daily," wrote Miss Hay, "with a very palatable thick soup prepared with vegetables and flavored with bacon. For Mohammedans a similar soup is furnished which contains vegetable oil instead of bacon. The daily food ration is a liberal half pint of soup and one-sixth of a kilo of bread and many of the recipients sit down on the sidewalk and eat it immediately. One day Mr. Tuckerman, the Red Cross man in charge of the soup kitchen, called my attention to two children who, while waiting for their soup, had picked up a bone from the gutter and were voraciously gnawing at it."

North of Podgoritza was located Niksic, a city of some five thousand population. There the commission established a hospital of thirty beds and maintained a dispensary and visiting nurse service; Emily Chaney, Emma Robbins and Edith Burgess were on duty. Two of these nurses also assisted in conducting the soup kitchen "where we saw the same ragged and underfed people," wrote Miss Hay, "and many children shivering in the cold wind which comes down from the snowy mountains."

The Podgoritza unit endeavored to extend its work to Kolashin, a mountain town northeast of Podgoritza, and nurses and other Red Cross personnel were sent up during the spring of 1919. Throughout Montenegro, the American Red Cross hospitals and dispensaries treated many peasant farmers and in Kolaskin the nurses tried to do rural visiting nursing. Local bandits made such work unsafe, however, and finally the unit was recalled to Podgoritza.

South of Podgoritza was Cetinje, capital city of Montenegro. It also had a population of five thousand. The American Red Cross Hospital which was established there was located in a building known as the Prince's Palace. Elizabeth Mitchell, the nurse in charge, finally transformed the Palace from a dirty and inadequately equipped hospital into one which was attractive and at least sanitary. In connection with the hospital, a day nursery for children of working mothers and another for tuberculous children was developed.

At Cetinje a Montenegrin women's club had organized the only orphanage which existed early in 1919 in the small principality. Miss Mitchell became interested in it and the commission furnished food, clothing, bedding and tooth brushes (and considerable advice in the use of these articles) to the ragged yet happy youngsters.

One of the American Red Cross nurses at Cetinje was Bernice Brady, a public health nurse. She wrote:

> Cetinje does not look as if it had five thousand inhabitants, but practically every room housed an entire family. Naturally, sanitary conditions were impossible. We often ejaculated, "What a hardy race!" but we only saw those able to survive the crowded housing, the scarcity of fuel, the lack of clothing and food in winter snows and cold spring rains and hot dry months when water is of necessity rationed. The



An American Red Cross nurse, Jeannie Frasier, instructing two pupils of a Little Mothers' class in elementary nursing procedure, Podgoritza, Montenegro.



An American Red Cross nurse and her interpreter giving a lesson in Home Hygiene and Care of the Sick to a group of refugees in Tirana, Albania.

country is mountainous and unproductive, rich in only one thing,—history and tradition. (The Albanians say that St. Peter was born in a wayside hovel between Cetinje and Podgoritza, but do not explain his subsequent change of residence.) The story of Montenegro is one of constant fighting to retain their freedom and they boast that they have never been conquered.

The men are used for the Army and the women do practically all the manual labor. The birthrate is low and the infant mortality high, to judge from observations. Practically no records are kept and birth registration has yet to be introduced. Aside from a few of the upper class, women have little or no education. Widows predominate and, as there are no industries and they usually have several small children to care for, they earn a meager living by buying and selling in a peddler fashion, journeying over the mountains on foot and returning with supplies on their backs. They are often absent for four days and in that time the children at home fend for themselves.

Many of the poorer people live in stone hovels. When they have wood, they build their fire on the dirt floor and huddle about it in rags such as one cannot imagine in one's wildest dreams of poverty. Even with all the patches, many are scarcely covered.

Wherever Miss Hay and her nurses went, they carried with them the ideas of sanitation and orderly living, which are the foundation stones of sound nurse education, and they strove to pass these principles on to the natives with whom they worked. Montenegro in 1919, however, was not a fertile field for such ideas to take root. At Niksic, Miss Chaney and Miss Robbins were able to instruct their native aides with considerable success, but the brave plans for introducing the class-work in Home Hygiene and Care of the Sick which were initiated by Miss Hay and the "Kolo Society," a women's organization at Podgoritza, did not develop.

The American Red Cross Commission for Albania, of which Major Robert C. Dennison was the first commissioner and Caroline E. Robinson supervisor of the fourteen nurses, arrived in Albania late in February, 1919, and developed in six Albanian cities the hospital, dispensary, visiting nurse and civilian relief service which formed the chief phases of American Red Cross relief through the Balkans.

To Scutari, the most northerly and the largest city in Albania, one of which had a population of about thirty-two thousand, the commission sent a unit of eleven American Red Cross workers. Four of these were nurses, with Ella McGovern as head nurse. The city boasted of the only hospital in Albania and to it the commission gave supplies and raised its capacity to one hundred and thirty-five beds, instead of developing a separate institution. Need existed, however, for a dispensary, so the commission established one which by July 1 had treated 2606 cases.

The visiting nursing at Scutari which was first developed by Viola Nohr and Leslie Wentzel was comparatively successful. By July 1, the nurses had made 1349 calls. Scutari maintained an orphanage for thirty girls and to it the commission gave food and clothing. Miss McGovern lectured there on simple questions of hygiene. Similar health talks were given by her in the city schools and in the American Red Cross sewing rooms, established to give training and employment to women.

South of Scutari the Mati River flowed to the Adriatic Sea and the early spring rains swelled it into a torrent. During the Austrian invasion in 1915, the only bridge spanning it had been destroyed and in 1919 had not been rebuilt. Travel was possible only by motor, carts or on foot and the roads were poor. When travelers came to rivers such as the Mati, they had to cajole the native ferrymen to convey them across at cost of many words and numerous coins. Nevertheless, the commission strove to establish dispensaries in small and isolated Albanian towns and with true zeal, the nurses and other workers started out over the rough but always picturesque and often beautiful mountain roads. Such a town was Kroya, where Marion Echternach and Sarah Buchannan did visiting nursing and were on duty in the American Red Cross dispensary. Miss Buchannan's report contained an interesting description of the quaint life:

> On April 8, 1919, after three hours of mountain climbing, we found ourselves on the side of one, in the little village of Kroya, the home of the Albanian hero, Skender Bey. The streets were too narrow and rocky to allow our camion to come into the town, so we walked. . . .
>
> Our house was a typical rural Albanian one; although it was new, it was made of old material. When we arrived, men

were laying a concrete floor in a large room on the ground floor, but it never dried. We had two small rooms above for the four of us, the doctor, the interpreter and the two nurses. Miss Echternach and I shared the same room and used it also for kitchen and dining room.

We cooked with charcoal on a three-legged affair called a *mongal*. We followed the Albanian custom of sending our meat and pudding out to be baked. One day I attempted a pie; in lieu of a board, I used a large sheet of paper and my rolling pin was a milk bottle. Marvelous to say, the pie was voted a success.

In a fair-sized room in the next house, we established our dispensary, and during six weeks treated thirteen hundred. Many skin diseases, tuberculosis of the bone and gastric conditions were prevalent. The stomach trouble we attributed to the almost exclusive diet of poorly baked corn bread and sour milk.

Unfortunately our supply of drugs was limited, but we had quinine, phenacetine and epsom salts. We made cough sirup, using as a basis sugar and lemon juice. The people in the village were absolutely drug famished; the Austrians had taken everything and nothing had been imported. Some came and said they were not sick but wanted medicine for the time when they would be. Others reported having been ill five or ten years ago as a pretext for begging medicine now.

In another town where there was a pharmacy, the doctor gave a written prescription to a man and explained that in return for the paper, if presented at the pharmacy, he would receive six pills and that he must take one of these every day. On the sixth day, the doctor was much surprised when the patient presented himself with a small scrap of the prescription, and the request that he might receive another. On questioning him, the doctor found that he had taken one-sixth of the paper each day. Most of our drugs were in powdered form and we found that the patients invariably took paper container as well as the powder.

Taken as a whole, the people of Kroya were appreciative and self-respecting. "We have no beggars," wrote Miss Buchannan.

South of Kroya was Tirana, an inaccessible hill-town of twelve hundred inhabitants. "The only mode of travel to this town," wrote Miss Buchannan, "is by horseback. The road was in many places the merest trail, steep and rocky, with a

precipice on either side, so that one false step of your horse would be fatal."

Six American Red Cross nurses, including Miss Robinson, the head nurse in Albania, were on duty at Tirana, some of them in an American Red Cross hospital of thirty beds. Miss Buchannan at one time was among these and she wrote:

> We had four native women of the gipsy class for assistants and we were able to teach them quite a bit. The women of the upper classes cannot be induced to come out of their seclusion.
>
> The majority of our patients were men, many of them gunshot cases. These mountaineers are constantly fighting over some ancient family feud.

At Tirana, the American Red Cross maintained an active dispensary service. Two of the nurses did district work. An interesting development of the Tirana dispensary was a mobile unit which operated in the hill-towns in the vicinity. At Singere, this unit treated 374 patients in four days. Lucy Joaquim was the public health nurse who accompanied the mobile dispensary on its journeying. The unit at Tirana also furnished supplies and medical and nursing service to a local orphanage.

Westward from Tirana and located on the Adriatic shore, was the capital city of Albania, Durazzo. Two nurses, Barbara Sandmaier and Emily Chaney, did some temporary nursing there but were transferred in May to Tirana. Sarah Buchannan assisted there in distributing supplies in March to sixty children who attended a school which was located on a hill above the bomb-wrecked town. "We redressed all the small children," wrote Miss Buchannan, "but had nothing for the larger ones. The children were very modest in being reclothed; some of them showed extreme embarrassment. This modesty in children I have found everywhere in Albania and it is charming to see."

Southwest from Durazzo and Tirana was the hill-village of Elbasan and there two nurses, Annie Slack and Margaret Garretson, did dispensary duty and visited among the needy and appreciative Albanian peasants.

From Elbasan, Miss Buchannan went out with a mobile dispensary to Kavaja and during the four days the unit was on duty there, they treated about three hundred patients. "Many,







(Above) The open sewers of Tirana, Albania.

(Center) An American Red Cross dispensary in Albania.

(Lower) A mosque of Tirana.

we felt," wrote Miss Buchannan, "came out of curiosity. We saw the usual amount of tuberculosis and the syphilitic conditions which existed in other towns."

Koritza was the farthest south city in Albania wherein the commission developed a hospital dispensary and visiting nurse service. Among its eight thousand residents were many Christians and numerous Americans and Albanians who had been in the United States. Accordingly, the American Red Cross work met with success.

American Red Cross nursing service in Greece was marred by organization difficulties which rendered the work of the nurses ineffective and after some nine months' endeavor, all emergency nursing service was discontinued. The Commission for Greece, of which Major Capps was in command, had arrived in Athens in October, 1918. The nursing staff of the commission, as organized in the United States, numbered seven nurses. Three of them were American Red Cross nurses: Lena Margaret Johnson, chief nurse, Marie Clare Glauber and Mary Margaret Tymon; the other four were Greek nurses who had been trained in America: Marie Zacca, Elene Inglisaki, Marie Kouroyen and Margaret Chrysakis. These Greek women had been sent to America by the Greek Government and were under contract to render five years of service to the Greek Red Cross on completion of their training. In the summer of 1918, arrangements were effected between Miss Delano, Commissioner Capps and the Greek Minister whereby the American Red Cross agreed to enroll these four women as members of the Nursing Service and send them to Greece with the commission. Upon their arrival there, they were to remain in service with the commission as long as they were needed and were finally to be transferred to the Greek Government for the fulfillment of their contract.

The nurses arrived in Athens in November, 1918. On December 17 Miss Chrysakis was transferred from the commission to the Greek Red Cross in accordance with the terms of her contract. The remaining six nurses were assigned to temporary duty, half of them in a Greek military hospital in Athens and the others in a Greek military hospital at Salonika.

In January, 1919, the nursing staff of the Commission for Greece was augmented by the arrival of two additional units of the American Red Cross nurses. The first unit, which

consisted of six of the nurses of the original Balkan unit, with Miss Phelan as head nurse, had been sent to Athens by Miss Hay in Rome. The second unit arrived in Greece ten days after Miss Phelan's group; it consisted of three nurses with Sarah Addison as head. Thus the total nursing strength of the Greek Commission numbered eighteen enrolled nurses.

By the middle of November, 1918, the executives of the commission had outlined a program of general and medical relief work throughout Greece, so the nurses were recalled and assigned to different posts of duty under various members of the Commissioner's staff. The work which they accomplished falls into three principal groups; first, civilian relief among the Greek refugees in Bulgaria and on the Aegean Isles of Samos, Mitylene and Chios; second, medical relief in Macedonia, Athens and Crete; and third, health and social surveys made on Samos and Mitylene. The civilian relief rendered by American Red Cross nurses will first be described, beginning with that given to Greek refugees in Bulgaria.

During the last two years of hostilities, the Central Powers had deported many Greeks and held them in Bulgaria. These unfortunates were beginning to come home late in 1918, so the commission established relief stations along the railroad leading from eastern Macedonia into Bulgaria. At these relief stations, dispensary service, food and clothing were furnished to the *rapatriés*. Miss Johnson was assigned to the station at Tirnovo-Sienieu and held the position of chief nurse of the eastern Macedonian district. Miss Zacca went to the station at Dedeagatch and Miss Kouroyen to that at Xanthi.

The three nurses left Athens on December 5 bound for Drama, where the British forces gave them rations for two days. Miss Hay wrote:

> From Drama, they went on their way in a freight car, quite empty. Through the ingenuity of one of the American men, a modicum of comfort was acquired; beds were made from boxes, blankets were tacked up to give some privacy. In this car, Miss Johnson and two men lived for six weeks and here they entertained *en passant* the Bulgarian Minister of War, the commander of the French armies in Greece, the faculty of Robert College, Constantinople, and French, Greek, English and Bulgarian officers galore.
>
> At each of the three railroad centers, Tirnova-Siemen, Dedeagatch and Xanthe, quarters were arranged in a house or

freight car for a cook-house, a dispensary and living places for the American Red Cross personnel. Needed supplies for the daily distributions were arranged for in cars alongside. Hot soup and bread, or rice and bread were ready when the trains of *rapatriés* arrived. The task was to get to every person in that sorry crowd that needed food, clothing and medical care. To make sure that no one would be overlooked meant quick and systematic work. All were in a sad state, emaciated, ragged and dirty. With no food for two or three days, sick, weak and cold, they had been huddled together sixty to seventy-five in a car.

In this miserable and destitute company, births and deaths were frequent occurrences, and one given duty of the American Red Cross at each station was the burial of the dead. To the new mother were given extra food and such wonderful baby clothes as were not to be hoped for in those days of bitter want.

From Tirnova, Miss Johnson sent a list of patients who had received special treatment or needed further care to Miss Zacca at the next American Red Cross station, Dedeagatch. After good food and kindly treatment there, the *rapatriés* went on to Xanthe, where Miss Kouroyen and her helpers gave them needed final assistance before their arrival in Greece, just over the border

By January 11, 1919, all Greek refugees were reported to be out of Bulgaria and the American Red Cross relief stations were closed, with a record of having cared for 48,000 refugees.

The storied isles of the Aegean Sea, Samos, Chios and Mitylene were the other scenes where American Red Cross nurses did notable civilian relief work. To Samos on February 1, 1919, a submarine chaser of the American Navy brought the two nurses, Laura Bunting and Mary Frances Mingane, and two social service workers. The nurses assisted in the direction of a large workroom and in the distribution of supplies. When the American Red Cross workroom was closed on May 16, 1919, 5425 refugees and poor on the isles of Samos and Nicaria had been aided and 11,704 garments distributed.

North of Samos lay the Isle of Chios. Miss Johnson, the chief nurse of the commission, was assigned to duty there by Commissioner Capps on February 17 and with Dr. Harriet Clark, established a dispensary which daily treated sixty cases. It was closed, however, in two weeks on account of a lack of medical supplies, so Miss Johnson assisted in the distribution

of food and clothing until March 21, a date on which all supplies were exhausted. "A total of 3120 families (11,000 persons)," reported Miss Johnson, "received both food and clothing. One thousand and fifty families (7000 persons) received only food."

North of Chios was situated the Isle of Mitylene and there two American nurses, Blanche Gilbert and Mary Fleming, conducted a work room in which 30,347 garments were made in six weeks and later distributed with food, to refugees and the poor of Mitylene, Tenedos, Embros, Samothrace, Lemnos and Nudros. "There was nothing done in this group of islands," wrote Miss Gilbert, "of a medical or nursing nature. The condition of the refugees is fairly good. There is little sickness. The housing is impossible but the homes for the most part are clean, but with very poor sanitary facilities. The unfortunate people have received so much aid that many of them seem to have lost their self-respect and will willingly beg."

The program of American Red Cross medical relief, as was previously stated, contemplated the establishment of dispensary and visiting nurse service in Macedonia, Greece and the large isles in the Aegean Sea. Four nurses, with Miss Addison as head nurse, were ordered to Macedonia late in January. Miss Addison established headquarters in Kavala and with her nurses, cleaned and equipped a small civil hospital there and assisted the American Red Cross doctor in establishing and maintaining a dispensary there which in four months treated 3598 patients. The public health nurses made 270 visits during the same periods to homes of dispensary patients.

To Rodolivas, a village near Kavala, were assigned two nurses, Emily Porter and Mary Frances Mingane. In addition to "specialing" one of the American Red Cross personnel who had typhoid fever, the two nurses assisted in the treatment of 1150 patients at the American Red Cross dispensary, made 25 home visits and gave instruction and distributed clothing to 530 school children, all in a period of three months. In addition, Miss Porter organized and directed a small workroom which employed eight women.

At Prava, in the Kavala district, Miss Zacca developed a dispensary service which treated between February 10 and May 3, 3895 patients. She also gave nursing care to thirty patients in their homes and supervised the nursing of the children of a local orphanage.

North of Kavala, was the village of Drama. Four American Red Cross nurses were assigned to duty there; they gave nursing care to sixteen hundred patients in a Greek hospital, in the American Red Cross dispensary and in their homes. The work at Drama had been interrupted by the assignment of two of the nurses to "special" an American Red Cross social worker who had a severe case of typhus. They had no sooner returned to Drama than they were recalled again to Kavala to nurse an American Red Cross physician, also stricken with typhus.

Serres was a small mountain town northwest of Kavala and to dispensary and nursing service there, three nurses were assigned at various times.

Even though the nursing service in the Kavala district was interrupted by the nursing care given to the American Red Cross personnel, its accomplishment was commendable and, wrote Miss Hay, "was the only piece of general medical relief work attempted in Greece. Nurses should not, however, be left alone in such work in any stations as were Miss Zacca and Miss Porter, although the attitude of the nurses themselves, in such lonely assignments as in the care of the typhus cases, was soldierly."

The nursing service in the Greek Peninsula centered at Athens and consisted in baby welfare work and in the establishment of a school of nursing, to be treated later by Miss Noyes in Athens. The infant welfare program included a bi-weekly baby clinic and instruction to mothers at the clinic and in their homes. Margaret Tymon, the nurse in charge, also conducted classes, the first of ten and the second of fifteen, to train young Greek women to assist in infant-welfare work.

When the time approached for Miss Tymon to return to the United States, the American Red Cross physician advised the Patriotic League, the Greek organization which was to take over the management of the clinics, that an untrained woman would meet the American Red Cross requirements as Miss Tymon's successor. This Greek woman had had no training either as a nurse or an infant welfare worker. Miss Hay finally prevailed on the commission and the Patriotic League to refer the matter to Miss Noyes at National Headquarters.

Opposite Athens, on the western shore of the Peninsula of Greece, was the ancient sea-town of Patras and there the commission on March 7 sent Blanche Kaeena to open an infant welfare clinic. On April 23, Miss Gilbert, an experienced

infant welfare nurse, arrived and subsequently developed an active center. The prospect for a permanent station at Patras was, however, not bright "because," wrote Miss Torrance to Miss Hay, "the poor have little means and desire on account of the more spectacular demands, resulting from the war, to improve their own living conditions and the more educated and responsible class have yet to feel that such living conditions among the poor ought not to be tolerated."

The only other infant welfare station which was developed by the commission was located at the Isle of Crete. Miss Phelan and Miss Fleming arrived on April 7 at Canea, the second largest city on the island, and developed baby clinics there in coöperation with the local branch of the Patriotic League. Miss Phelan left Canea early in June to return to the United States; Miss Fleming took over the direction of the station and another nurse, Alma Hartz, was assigned to duty there. The station was turned over on July 1 to the Patriotic League and the American Red Cross nurses withdrawn.

The two health surveys conducted by the commission were made by Miss Phelan on the Isle of Mitylene and by Miss Bunting and Miss Mingane on the Isle of Samos.

Such were the activities and accomplishments of the nursing service of the Commission for Greece. The efficiency of the nurses, as it was said before, was marred by administrative difficulties. Miss Hay wrote:

> The nurses of the Greek Commission were a fine body of women, representing a high order of ability, experience and devotion. They have good reason to resent the treatment accorded them and to deplore the fact that their accomplishment in actual nursing service was so pitiably small. No one resents the fact that they were used so largely for civilian relief work; that may have been necessary. What seemed deplorable was that the advice and special services that they as nurses were so well qualified to render were never asked and rarely accepted. . . .

In the summer of 1919, Miss Hay recommended that the American Red Cross nurses assigned to duty with the Greek Commission, be withdrawn at the end of their six months' term of service and that they be returned to the United States. The recommendation was accepted, but a subsequent change of plans later permitted the development of a child-welfare program.

In Serbia, the nursing service was more extensive than that rendered by the commission in any of the Balkan States. The headquarters of the American Red Cross Commission for Serbia were located in Belgrade. Rachel Torrance, Miss Hay's assistant, was chief nurse. In northern Serbia, twenty-two nurses were assigned to duty and they used as bases for activities extending into numerous villages, the two cities of Kragujevatz and Pozarevatz, and four towns, Cuprija, Kraljevo, Palanka and Petrovatz.

Kragujevatz was located south of Belgrade, a city of some eighteen thousand population. To it the commission assigned Dr. Harriet Gervais, a physician, Dr. Marion Stevens, a dentist, and Mary B. Ross, a nurse who had had much experience in social service work in New York City. The three women established sewing-rooms where Serbian women were given employment in making garments to be distributed among the needy when completed. They gave professional care and many supplies to about one hundred and thirty orphaned children who were being cared for by a local Serbian welfare organization. The orphans were housed in one of the former royal residences.

Southeast of Kragujevatz was the village of Cuprya and here two American physicians, Captains John Voor and Thomas Lowe, and three nurses, Kathryn Williams, Inez Gilliland and Mary Snow, established a hospital and a dispensary. "The unit is, to my mind," wrote Miss Hay, "one of the strongest in Serbia."

In Kraljevo, a village southwest of Kragujevatz, the commission established a dispensary and a chain of sewing rooms. The clinics were small enough to require the attention of only the American Red Cross physician, Dr. Mary Elliott, so the two nurses, Marietta Wilsey and Sybella Haviland, gave their entire time to supervising the manufacture of garments in sewing rooms at Kraljevo, Milanovatz, Chachak, Terznik and Krushevatz and distributing food supplies and the finished garments to the destitute in these and neighboring villages. Generous supplies of linen and hospital garments were made and given to the local Serbian Hospital.

North of Kragujevatz was situated the village of Palanka and there the American Red Cross nurses renovated a hospital where conditions existed similar to those encountered by the nurses of the Gevgeli Units of 1914 and in degree if not in extent, by Miss Nightingale herself at Scutari. Harriet Leete

and Lieutenant McNabb of the Balkan Commission inspected the Palanka Hospital on March 11, through the courtesy of the one over-worked Serbian physician who alone was trying to meet the medical needs of the hospital and a district of some hundred thousand residents. Miss Leete wrote:

> In front of the Palanka Hospital, the yard was filled with mud and filth. In the rear were trenches which were used as toilets. Sanitary! Yes, there were toilets, but they were in an impossible condition.
>
> All refuse and excreta from the hospital was thrown into a ditch which emptied near the open well. The condition of the surrounding fields was even more dangerous. . . .
>
> The hospital was a military one and was filled with Serbs and prisoners. When we arrived, there were 297 patients and thirty beds. The main corridors were fairly clean, but leading from each wing were outside entrances and one of these hallways was used as a toilet-room, no conveniences, just the floor, part of which was tiling, with the doorway of earth. From the hallway the stench penetrated throughout the long corridors.
>
> In the hallway adjoining the other wing, Lieutenant McNabb and I discovered, apparently thrown in and piled one upon another, at least twenty bodies of patients who had died in the hospital. The daily death rate at that time was from ten to twenty and frequently the bodies were allowed to remain there for several days. It was a ghastly sight.
>
> In the wards where the thirty beds were, the patients were lying on the few mattresses or on the boards. The cots had no springs. In the other wards they lay close together on the floor, sometimes with dirty straw for bedding. Tuberculosis, dysentery and pneumonia cases all in the same ward. White faces! White as the ones in the morgue. Many coughing, many more too weak to move and apparently, from the odors in the ward, they were going without any care.
>
> The doctor said that there were orderlies. It took some time to discover them, as they were soldiers who spent most of their time in the office or in the kitchen. . . .

On March 14, Miss Leete returned to Belgrade and asked that she be reassigned to Palanka with supplies and a sufficient number of nurses to clean up the hospital and train the orderlies. Four days later, she and another nurse, Faith Denison, reported to Lieutenant McNabb, who had remained at Palanka, and they began the renovation of the hospital. Two more American

nurses, Eleanor Blackstone and Marie McDowell, arrived on March 26 and the Serbians sent ten soldier-orderlies and some Serbian nurses from Belgrade. By April 3, Miss Leete and her nurses had changed conditions to such an extent that the death rate had ceased. Miss Denison came down with typhus on April 11 and some twelve days later, Miss Leete. The two other American nurses cared for them and they returned in the summer of 1919 to the United States. All American Red Cross activities in Palanka were discontinued late in May.

To Petrovatz, a village east of Palanka, the Commission for the Balkans sent two physicians, Alberta Greene and Marjorie Burnham, and two nurses, Anne O'Hara and Laura Lowe Kreigh. They developed a large dispensary service at Petrovatz which treated about one hundred cases a day, and once a week held clinics in the neighboring villages of Scotonje, Melenica, Pashanatz and Runovitch. A small hospital was opened during the summer in an old building outside the village.

North of Petrovatz was situated Pozarevatz, a city of thirteen thousand inhabitants, and here the commission developed a general hospital, and dispensary, a tuberculosis hospital and a bouncing orphanage. Two physicians, Egbert Borgeson and David Kadesky and three nurses, Jennie Hoagland, head nurse, Effie Swayze and Mary Ricketts, were on duty there. The hospital was of thirty-four-bed capacity and in it an active operative service was maintained. At the dispensary connected with it, clinics averaging forty patients daily were held. Miss Hay described the type of cases treated:

> An Albanian woman with inoperable carcinoma, who entreated the doctors to operate if there was a single chance, stating that she would gladly take all responsibility; a number of women with female disorders; eczema of the breast; much bone tuberculosis; an accident case, a young man who had fallen from a hay wagon on to a hay fork, dying soon afterwards from a ruptured spleen; a badly emaciated child with tender abdomen who wailingly refused hospital treatment. . . .

On the outskirts of the town, set among a grove of trees on a slight rise of land was the attractive and well-equipped Tuberculosis Hospital. There were accommodations for thirty odd patients but when Miss Hay inspected it in June, there were only fourteen. "The discouragement in the work thus far," wrote

Miss Hay, "has been the unwillingness of the patients to stay long enough to get benefit from the treatment."

To a local orphanage where thirty young Serbs were being cared for, the unit at Pozarevatz gave food, clothing, linen and medical attention.

South Serbia was honey-combed with relief activities of the American Red Cross. In nine towns and their outlying villages, the commission conducted general and medical relief. Thirty American Red Cross nurses were assigned to duty there.

Southwest of the city of Nish in central-eastern Serbia was Pirot, an inaccessible town of eleven thousand inhabitants located near the Bulgarian frontier. Five Americans were on duty there, the physician, Captain Herman Hundling, two nurses, Eva Ferris and Mrs. Maud Metcalf, the nurse who had served in Belgrade in 1915, and two civilian relief workers, Alida Bigelow and Françoise de Bacourt. Pirot had a clean and well-run civil hospital and to it the commission gave many supplies. Captain Hundling maintained a dispensary which treated a daily average of fifty patients and the nurses aided him there and did district-visiting. The nurses also assisted in the distribution of food and clothing throughout the Pirot district.

Leskovac was a town of fourteen thousand population and was located southwest of Pirot. On duty at Leskovac were two nurses of the commission, Sara Crosley and Esther Rose, and an enrolled American Red Cross nurse, Phebie Whedon, who had gone to Serbia in 1914 as a member of the Franco-Serbian Relief Association and had later worked under Dr. Ryan after he had taken over the activities of the Franco-Serbian Relief Association. Miss Whedon had charge of the distribution of supplies and Miss Crosley and Miss Rose were on duty in a military hospital where two hundred and fifty Bulgarian prisoners had been receiving the medical and nursing care typical of Serbian hospitals. Although the advent of the American nurses was not hailed with enthusiasm, they did good work in clearing up the building, requisitioning American Red Cross supplies and instructing the orderlies in the use of them and giving the patients the needed surgical nursing care. The majority of the Bulgars were invalided home in May and the two nurses were transferred to Vranja.

This town of eleven thousand souls was situated south of Leskovac, on the single railroad which bisected Serbia longi-

tudinally from Gevgeli, on the Greek border, to Belgrade, on the Austro-Hungarian frontier. Medical relief work at Vranja centered about the Scottish Women's Hospital and Miss Crosley and Miss Rose conducted an extensive dispensary service in connection with it. The Scottish Women's Hospital Unit on duty at Vranja in 1919 had come to Serbia in September, 1916, had been assigned to duty at Ostrovo and after an active service there had been transferred in October, 1918, to Vranja to care for typhus patients.

There were many orphans in Vranja and the commission maintained there soup kitchens, an orphanage, and sewing rooms for girls. Helen King, a graduate of the Massachusetts General Hospital School but not an enrolled American Red Cross nurse, was in charge of this work and was assisted by a young Scotch woman, Vida Matheson.

Southwest of Vranja and near the Albanian frontier was Prizren, the fifth largest city in Serbia. Here the commission assigned two surgeons and a physician and four nurses, including Mildred Williamson, the supervising nurse, and they developed a hospital of seventy-seven beds, an orphanage where eighty-four young Serbs were cared for, and a soup kitchen which daily fed five hundred people. Captain M. R. Bradner was in charge of these activities.

The hospital was picturesquely located on the banks of a swift mountain stream. It maintained an active operating room, surgical wards and two isolation tents for the treatment of tuberculosis patients, and across the turbulent water-course and reached by a small foot bridge, a two-story building which housed the medical wards. "The entire hospital at Prizren," concluded Miss Hay, "in the care given the patients both by doctors and nurses and the cleanliness and thrifty management apparent on every side, is pleasingly American."

In all the Balkan States, the American nurses and surgeons did the work closest at hand and most deserving of immediate attention. In some towns, this means the establishment of soup kitchens and dispensaries for the civilian population. In other towns were native military hospitals where, like festering sores of war, the wounded were still, even as late as the midsummer of 1919, being cared for in the haphazard methods which characterized the treatment of the sick and wounded throughout eastern Europe. Such a town was Skoplje, which was located southeast of Prizren and to it in February, 1919, went a unit

of six American Red Cross nurses, with Eleanor Wilson as supervisor. They were first on duty in the Vardar Hospital but in April, all the patients there were transferred to the big Half Moon Serbian Military Hospital in the western section of the town. Miss Hay wrote:

> In such a report, it is not possible to portray the sweeping changes that were made in the departments given over to our nurses in both the Vardar and Half Moon Hospitals. But they worked such seeming miracles in order, cleanliness and efficient care that even the most indifferent of the officials took notice and begged for the continuance of their services. The infinitely greater comfort and the more kindly treatment which their services meant for the patients themselves is also a thing which cannot be told.

Gostivar was a town located south of Prizren and southwest of Skoplje. A unit of six American Red Cross workers were assigned to duty there; Lieutenant Theodore Reed was the physician, Eugenia Bogart was supervisor of the three other nurses and Geneva Bateman was in charge of civilian relief work. They established a hospital of twenty-five beds, a dispensary with a daily average attendance of one hundred and twenty-five patients and conducted visiting nursing and general relief in the adjoining mountain villages.

The hospital was a trim and thoroughly model little American institution set down among the Serbian foothills. Even the American Red Cross personnel house reflected ingenuity and high standards of cleanliness. "Although there is no kitchen," wrote Miss Hay, "and the meals are prepared on the porch, regardless of wind and weather, they are good. Miss Bogart acts as housekeeper. One chief distinction of this unit is the possession of a big, tin-lined serviceable bath-tub, improvised from a tin-lined tobacco case and large enough to accommodate (with careful adjustment) even a full grown man. This tub, like other conveniences at Gostivar, is due to Dr. Reed's inventive gifts."

Monastir, second largest city in Serbia, was situated south of Gostivar in the southwestern corner of the small principality. Two groups of American Red Cross personnel were on duty there. The first group consisted of four nurses, with Elsie Jessup as head, and they served in the American Women's Hospital; the second group consisted of one nurse as supervisor,



Hauling the wounded in carts to Vranja, Serbia.



A small Serb with a tuberculous foot is brought to the American Red Cross Hospital at Gostivar, Serbia.



An American Red Cross nurse bringing in a patient to the Dispensary at Tirana, Albania.

Three types of ambulance in the Balkans.

Emma Hart Rogers, and two civilian relief workers and they conducted a sewing-room and distributed material relief among the destitute in the city.

The American Women's Hospital was of fifty-bed capacity and was under the direction of two American physicians who had been in Serbia since January, 1918,—Dr. Regina Keyes and Dr. Mabel F. Flood. The American Red Cross nurses went on duty in the hospital in January, 1919. An active dispensary service, averaging 150 patients daily except on market days, when the numbers ran as high as 230, was maintained in connection with the American Women's Hospital, but the nurses of the Balkan Commission were not on duty there.

American Red Cross civilian relief in Monastir consisted in the maintenance of a sewing-room, where garments were made, and of a bathhouse which the Serbians were required to use before they were given the Red Cross clothing. Two nurses were in charge of these projects, Kate Macfadden of the bathhouse and Miss Rogers of the sewing-room and personnel house.

Kavadar was a village which lay north and east of Monastir. There the commission developed an active dispensary and an orphanage and conducted general district, tuberculosis and infant welfare nursing service. The personnel consisted of Captain R. M. Blakely, the physician; four nurses with Maud Heath as head nurse; and one civilian relief worker.

The dispensary was located in three large rooms of one of the municipal buildings. The attendance averaged over a hundred, with two hundred on market days. The patients were usually cases suffering from the explosions of "duds"; bone tuberculosis in advanced stages; tuberculosis of the eyes; pellagra and the like. A branch dispensary was maintained at Negotin, a neighboring village.

In the Kavadar district were some four hundred orphans and among them were stray waifs unclaimed by relatives or friends. For these the American Red Cross representatives established an orphanage which in June had twenty-eight charges. One of them was a seemingly timorous Turkish lad who "was afraid," wrote Miss Hay, "that the Serbian boys would whip him so came protected with a dagger concealed in his blouse."

The public health nursing service at Kavadar was perhaps the most interesting phase of American Red Cross endeavor there. From the dispensary, the nurses followed their patients

home and brought into many south Serbian houses, soap, light, air and general order. This union of old-world customs of living and new-world methods (for public health nursing was primarily an American development) was often full of unconscious pathos. Miss Hay wrote:

> In a Turkish family where the mother had died of tuberculosis, leaving a two-year-old tuberculous baby, the father did his best to carry out the nurse's instructions and on the morning we called we found him gone to his work but the baby well wrapped up and sitting out of doors in the sunshine, getting strong and well.

During the month of April, 1919, one thousand six hundred and fifty-three patients were treated at the Kavadar dispensary and twenty per cent of them were suffering from tuberculosis. These cases included all types of the disease, eye, bone, glandular, pulmonary and that of other internal organs. The victims made no effort, previous to the advent of the American Red Cross nurses, to treat the disease according to modern methods. "One woman," wrote Miss Hay, "brought from a village fifty kilometers distant, her two daughters, both of whom had tuberculosis of the left hand. The wounds had never been dressed with anything other than leaves."

The infant welfare work at Kavadar was very appealing to the American nurses. Ursula Tibbels was the nurse in charge of it at Kavadar and Miss Heath at Negotin and they held baby clinics and distributed American Red Cross layettes. Miss Hay wrote:

> Such pitiful rags as were taken off the wee Serbian babies, —rags such as an American mother could never imagine as any baby's best clothes. And in place of these, we gave the Red Cross layettes, fine knit shirts, downy flannelette shirts and dress and a warm baby cape and hood; soap, talcum powder, wash cloths, towels, and a package of twenty-four diapers, so clean and new that we could only with difficulty persuade the mothers to put them to their intended use. If the baby was in the least dirty, or if the clothes or rags about the baby were not clean, then the layette was withheld until the mother had remedied these faults. Each mother was required to put the new clothes on the baby to show us that she had really profited by our instruction and it was a radiant and wondering baby and a very proud mother which soon

> confronted us. It was a fine gift to the patient and denying Serbian mother, that layette from American women's hands, but best of all it meant a clean and comfortable and therefore a happy baby. In the month of May eighty-five layettes were given out.

South of Kavadar and the ninth town in southern Serbia where the commission developed emergency relief activities in 1919, was the border-town of Gevgeli. Of the plight of the village and district in 1919, Miss Hay wrote:

> Situated in the midst of an important fighting center, Gevgeli is now little more than a pile of stone and crumpled mud walls. Whatever escaped shot and shell was licked up by the flames of the retreating Army or has long since gone to cook the soldier's soup or to warm a shivering family. Such a burned-out ruin is the big tobacco factory in which was located in 1914 the Military Hospital wherein the American Red Cross nurses and doctors fought typhus. In the cemetery nearby is Dr. Donnelly's grave. . . .
>
> The Gevgeli district consists of seven townships and twenty-one villages, with a total of 2000 families and 10,000 population. . . . Helen Lydia Bailey was the nurse in charge of all work there and was for a month the only American Red Cross representative. In this time, she treated, quite alone, some five hundred patients; she was altogether without a doctor's advice, a state of affairs which should not be, as the responsibility of life is too great. On April 18, Edith L. Wood, a nurse, arrived and took over the dispensary work and some of the visiting nursing, and on May 13, Eleanor Wilson was sent down and took charge of the sewing-room in Gevgeli and the organization of similar ones in adjoining villages. Dr. Smith arrived about May 1 and Dr. Frost also stayed in Gevgeli for a few weeks.

Stark poverty prevailed throughout the Gevgeli district. The American Red Cross personnel there distributed large quantities of flour, pork, beans, rice, lard, soap, and clothing and later even hoes, spades, shovels and grindstones.

In addition to Montenegro, Albania, Greece and Serbia, the other state in the Balkan group in which the American Red Cross conducted nation-wide emergency relief in 1919 was Roumania. The four-fold military occupation, by German, Bulgarian, Turkish and Russian troops, had wrung the country dry. When the second American Red Cross commission ar-

rived in Bucharest on February 25, with Lieutenant Colonel H. Gideon Wells, of Chicago, in command, they found horses dead from starvation on the streets, children and adults alike in rags and gaunt with hunger, going barefoot in the snow, and typhus, pellagra, war dropsy, eye troubles and tuberculosis pandemic. Only the iron constitution of the Roumanian peasant prevented a much further decimation of the Roumanian population than has been described in a previous section.

When an entire nation is hungry, the people want food, not toothbrush drills or other devices of health education. Thus the American Red Cross program in Roumania was a feeding and clothing program on a national scale and a subsidy, on equally large proportions, of drugs, linen and food to Roumanian hospitals.

In any emergency relief program, a public health nurse is an able instrument, because a good public health nurse is trained to estimate both the social and medical needs of those whom she is endeavoring to aid. Several of the fifteen American Red Cross nurses of the second Commission for Roumania were women highly skilled in public health nursing and medical social service, such as Florence Patterson, the chief nurse, Katharine Holmes and Evelyn Obear. The others were institutional nurses who were well fitted to go into a Roumanian hospital and prepare the requisition lists of drugs, blankets, linen and food which were necessary to put that hospital again into operation. Thus while the American nurses in Roumania established no American Red Cross hospitals *per se,* and operated few dispensaries on a scale comparable to that which prevailed in the other Balkan States and did practically no visiting nursing, their services certainly may be said to have been utilized in a professional capacity. They were not tucked away in isolated sewing-rooms and civilian relief stations in Roumania "to keep them out of mischief" as in Greece, but were given authority and a field to cover which was almost unbelievably broad. Miss Patterson, in addition to her duties as chief nurse, was the assistant director of civilian relief of the commission.

The method in which the second Roumanian Commission attacked its tasks is well illustrated by a brief description of the work of several units. In Bucharest, Miss Patterson and Dr. Bayne worked out a civilian relief program which supplied food, clothing, drugs, and equipment during the spring and



Roumanian refugees living in mud dug-outs in the devastated war zones.



An American Red Cross nurse serving soup to Roumanian refugees.

early summer of 1919 to eleven Roumanian hospitals; sixteen schools and children's aid societies; twenty-four orphanages; and fourteen asylums and sanatoria. Three special canteens were established and by the end of July, 1919, had served 168,118 portions of thick soup and bread, and had been aided, either with this food or by gifts of clothing, 53,146 persons who were not included in the above list of institutions aided.

To develop the program in rural sections of Roumania, units were organized and sent out into the field each with its quota of villages to cover. Such a unit was the Focsani Unit which established its headquarters at Focsani, a city of some twenty-five thousand population which was located in south-central Moldavia near the boundary line of Wallachia. Captain Arthur D. Fulton, Katharine Holmes and Josephine Ellett composed the personnel of the unit and their territory consisted of eighty-five villages, fifty-seven of which had been bombed. The two nurses and Captain Fulton established canteens in each one of these fifty-seven villages. From these canteens a daily ration of thick soup and white bread was served to an average of one hundred people.

An example of the effect which resulted from the distribution of sanitary supplies and a judicious amount of advice by the American Red Cross representatives, was found in the village of Odobesti. During their occupancy there the Germans had built a good bathhouse but in the absence of soap and towels the Roumanians in 1919 were not using it, though typhus was epidemic in the community. Captain Fulton urged the local authorities to put the baths into operation and Miss Holmes and Miss Ellett distributed soap and told the recipients to go and use it at the public baths. Within due season the effects of an adequate diet, as partially supplied by the canteens, and the use of the soap began to bear fruit in a diminution of typhus cases.

The distribution of supplies and drugs to already established but impoverished Roumanian hospitals was described in a report covering the activities of the Ilfov Unit: Ruth Weir, a graduate of the Roosevelt Hospital and a nurse who had served at American Red Cross Hospital No. 1, was a member of this group. The official report was in part as follows:

> We found at Budesti (a village in the Bucharest district) a Roumanian hospital with eighty-two cases of typhus. The

> hospital had nothing in the way of equipment but some iron bed frames, with boards laid across them. In many cases, we saw as many as five people trying to lie on one bed; they were wrapped in bits of carpet and in rags. Men, women and children were all crowded together. One old woman lay dying while her three bedfellows shrank as far from her as possible to remain on the bed.
>
> The doctor in charge, a capable appearing young man, showed us the linen which had been turned over to him; it consisted of shapeless bundles of rags. He had no medicines, no means of transportation to visit outside cases and practically no food for his hospital patients. They were trying to make sugar from some old beets to add to the diet. We left him pajamas, convalescent robes, blankets, soap, food supplies, a little medicine and some advice.

The general relief administered by the Ilfov Unit consisted, by the first week in July, of forty-one canteens which were serving food to 418,030 people in 114 villages. "Our clothing distributions," stated the writer of the Ilfov report, "ran neck to neck with the aid given through canteens and hospitals and we finally covered the people before they died of sunburn. No matter how well conducted our distributions were at the beginning they always ended in a riot when our most numerous clients, the Tiganes, began to think there would be nothing left for them. When the last shirt was gone, we dashed for the car, guarded by gendarmes and special constables who love the opportunity of wielding the big stick." In this respect, Miss Holmes was much horrified during her early weeks of service to see the local authorities trying to keep the Roumanian peasant women from stampeding the piles of layettes, by lashing them with ox-whips, treatment which had little effect upon the somewhat over-eager mothers.

Early in June, 1919, Colonel Wells resigned as commissioner for Roumania and returned to the United States. Colonel Anderson then moved the headquarters of the Balkan Commission from Belgrade to Bucharest to be able to keep general oversight of the work in Roumania.

The summer of 1919 saw the complete reorganization, in policy at least, of the Commission for the Balkans. By that date the paralysis of trade with the Balkan States, due to the enemy's submarine activities in the Mediterranean, was ended and after an interval of four years, ships were again bringing

supplies into the Balkan ports. Moreover, the crops of 1919 were being harvested by the women and a time of comparative plenty was again at hand. The national temperament of the various Balkan principalities was one of great physical stamina. Accustomed as they were to almost constant warfare and quick to feel its ravages, the peoples of the different countries and especially Roumania were equally swift in responding to the piping times of peace and with their hereditary enemy crushed, they attacked reconstruction with hope.

The autumn of 1919 seemed an auspicious time for the close of the emergency relief as undertaken by the American Red Cross in the Balkans and throughout Europe and for the initiation of a constructive program limited to the field of health. Many of the nurses and surgeons of the Balkan Commission had been overseas since 1917 and desired to return to the United States. Even more important was the fact that the large quantities of the Red Cross general and American Army medical supplies which Colonel Anderson had brought to the Balkan States in January had been distributed and the finances of the society, in the estimation of the executives at National Headquarters, did not permit the purchase of new supplies with which to continue emergency relief of an international scale. Thus the personnel was slowly withdrawn, leaving only a nucleus in various dispensaries and welfare stations around which was soon to be built the constructive program in the field of child health.

During the summer of 1919, the development of the League of Red Cross Societies progressed rapidly and on November 17, 1919, Miss Fitzgerald resigned her duties as chief nurse of the American Red Cross in Europe to assume those of the Director of Nursing of the League. Florence M. Waters served for some months as acting chief nurse of the European Commission, but in January, 1920, came to the United States for a short vacation preparatory to returning to Europe as Miss Fitzgerald's assistant in Geneva.

A happy sequence of events followed. The Minutes of a meeting held December 23, 1919, of the Commission for Europe recorded statements that

> . . . Colonel Olds announced that Colonel Emerson is about to go to Serbia with authority to make arrangements with Miss Hay to establish her headquarters in Paris, as chief

> nurse of the commission. So far as the work in the Balkans is concerned, it has seemed that she could handle these details fully as well from Paris as from Belgrade.

Miss Hay's experience in the Balkans subsequently proved to be of invaluable assistance in working out the details of American Red Cross nursing service in connection with the child health units and the establishment of schools of nursing in foreign countries. Her powers of administration, always considerable, had increased with her years of Red Cross service; in fact, a Red Cross colonel had once said: "Miss Hay is the biggest man in the Balkans." Her detailed knowledge of local conditions often seemed truly amazing to those with whom she worked, but the reasons for this were simple: She had assisted her nurses in dispensaries and hospitals in isolated Balkan villages, she had gone with them into dark and poverty-stricken homes, she had struggled alike with arrogant commissioner and insubordinate nurse, with avaricious native politicians and easy-going public officials, and she actually knew whether the initiation of a permanent welfare program would not be practicable. Thus she was able to render, in her new office, service of a broad and high order.

Of the six American nurses who received the Florence Nightingale Medal of the International Red Cross, four of them had had service at some time during the European War in the Balkan States. At a meeting held December 10, 1919, the National Committee had passed a motion that the chairman appoint a sub-committee to consider candidates for this medal and submit its recommendations to the National Committee. This sub-committee nominated Helen Scott Hay, Martha Russell, Florence Johnson, Alma Foerster and Linda K. Meirs, and renominated Mary E. Gladwin, whose name had been previously brought forward by the National Committee. Dr. Farrand forwarded these nominations on March 26, 1920, to the International Committee at Geneva and the medals were subsequently conferred on these nurses.

The last months of 1919 saw the close of the American Red Cross emergency relief program in the Balkan States, Palestine and Siberia. Conditions in the Balkan States had reached the stage favorable to the initiation of a constructive health program. In Palestine and Syria the American Committee for

Relief in the Near East assumed major responsibility for the alleviation of suffering. Political conditions in North Russia had already made necessary the withdrawal from Archangel early in 1919 of the American Red Cross representatives. In Siberia, Bolshevik victories also caused the withdrawal of allied forces and the American Red Cross late in 1919 and early in 1920. The only commissions remaining overseas and operating on the old pre-Armistice policies of nation-wide general and medical relief was that in Poland and the close of this phase of service has already been described. The European Commission, with its headquarters at Paris, was serving chiefly as the clearing house through which were being administered the details coincident to the close of the emergency relief and the initiation of the new child health program.

With the termination of the emergency relief program and the withdrawal of the commissions *per se* from Great Britain, France, Belgium, Italy, Montenegro, Albania, Greece, Serbia, Roumania, Palestine, North Russia and Siberia, the overseas service of the American Red Cross immediately incident to the European War may be said to have been ended. On June 30, 1920, only one hundred and sixteen American Red Cross nurses were on duty overseas.

In the sixteen months which had passed after the resignation of the War Council on February 28, 1919, an appreciable contraction in American Red Cross war organization had taken place. On February 28, 1919, the number of persons in Red Cross employ in the United States and overseas totalled 14,625, 1921 of whom were volunteers (unpaid workers). On June 30, 1920, the number of persons totalled 5517, of whom thirty were volunteers. The American Red Cross administrative, clerical and field staff had thus been reduced by the resignations of 9108 individuals, 1891 of whom had been volunteers. As to the Chapter and membership strength of the society, on February 28, 1919, the American Red Cross had had 3,724 active Chapters and an adult membership of 20,000,000 persons; on June 30, 1919, the society had 3,672 active Chapters and an adult membership of 8,988,140 persons. The decrease shown by these figures was of 52 Chapters and 11,011,860 adult members.

In this figure which gives the loss of eleven million members, there was a patent reason for the termination of the foreign relief program. In the minds of the American public, the war

was over and the need for American Red Cross activity accordingly ended. To the average American, the Red Cross was primarily a war organization, so defined by the main clauses of its Congressional Charter, so understood by the man on the street. Some eight millions in 1919 had caught the idea of the need for continued support of an American Red Cross foreign and domestic program, but eleven millions had not.

Unquestioning and universal public support from the American people is perhaps the most powerful genie in the world and with it the American Red Cross had, indeed, accomplished wonders. The society in some respects may be compared to the lamp of Aladdin. Near the close of the nineteenth century, Clara Barton had found the lamp in Switzerland and had brought it to the United States. From 1905 to 1914, it had been held tenderly in the hands of Miss Boardman and a few influential friends and had then possessed but comparatively meager financial resources with which to perform its services, chiefly in domestic disaster relief. Then the European War had burst upon a startled civilization and Miss Boardman had prevailed upon the still comparatively feeble genii of the lamp to organize and finance the Mercy Ship Expedition. A brief period of comparative rest followed. In 1917, however, the national emergency brought about a changed aspect of the American Red Cross and it became an organization deserving the unqualified and universal support of the American public. President Wilson appointed the War Council. Mr. Davison as chairman vigorously rubbed the lamp and lo, the American public responded in twenty months with a total contribution of four hundred million dollars. The society was reorganized on the basis of a Rockefeller corporation and expended in foreign and domestic relief two hundred and seventy-three of these millions. Then in turn the emergency subsided, the fickle genie of American public support turned its attention to other matters and the lamp was handed back to the Executive Committee, still possessed of many lesser genii who could be commanded to do useful things, to be sure, but with the all-powerful genie of universal, unquestioning public support gone until another national emergency would again automatically command its service.

CHAPTER XIII

PARTICIPATION IN INTERNATIONAL NURSING EDUCATION

Transition—League of Red Cross Societies—Schools of Nursing—Miss Noyes' Trip Overseas—Child Health Centers—Nursing Activities in Insular and Foreign Possessions of the United States

FOLLOWING the Armistice the general impression that the American Red Cross had fulfilled its mission in Europe seemed to have prevailed. The commissions which had been established in practically all the countries of the Allies were gradually withdrawn until early in 1920, with the exception of the Commission for Poland, there were none left.

These commissions had been largely occupied with questions of general relief and medical nursing care of both the civilian and military sick. General relief activities predominated and included the distribution of supplies of all kinds,—clothing, food, hospital furnishings, linen, surgical instruments, drugs, etc.; also raw materials of all kinds, sewing machines, sewing materials—needles, thread, thimbles, buttons, tape—in order that employment might be given to the women of the country. Hospitals and dispensaries were opened, child welfare work established, also visiting nursing; mother clubs were started and Red Cross classes in Home Hygiene and Care of the Sick were conducted quite widely.

Into all this work the Red Cross nurse was introduced. With the uncertainty attendant upon the development of a clear-cut program, nurses frequently found themselves assigned to work in which their professional training seemed partially wasted, such as supervising workrooms and soup kitchens, the distribution of supplies and the housekeeping in personnel houses. Not infrequently did the nurse do her day's work in a nursery or clinic and at the same time, cook three meals a day for the entire personnel, attend to all the buying and look after the cleanliness

of the house, for unless the doctors, nurses and other personnel had comfortable living quarters, with well-cooked food, they ran serious dangers from infection; and native cooks unless trained by some one were ignorant of the American method of preparing and cooking food. When members of the personnel fell ill, the nurse assumed, in addition to her regular duties, their nursing care. Instances of hours of night work, added to an already overcrowded day, were so common as to excite no comment. Good sports as they were, the nurses assumed these extra responsibilities without faultfinding and with a cheerfulness truly commendable. It was part of the service, they were the ones prepared and, because of their special preparation, they accepted the responsibilities without question or complaint.

That advantage was taken of them goes without saying. Instances where guests in large numbers were brought in without warning by the members of the unit were, alas, only too frequent. Under these circumstances, the nurses did not shine as social lights at such simple festivities as occurred in the evening. They were, moreover, painfully conscious of the fact that they suffered in this respect, by comparison with the other women members of the unit, social and clerical workers and teachers. In spite of their philosophy as a group, there were some heartbreaks on this account and individuals here and there found it difficult to maintain their equanimity and poise.

Following the withdrawal of the commissions, a stream of workers, nurses, doctors and others poured back from Europe to America, leaving here and there a worker or two, to supervise specific pieces of work, to guard warehouses filled with Red Cross supplies, including those turned over by the Medical Department of the Army, and to develop Junior Red Cross activities.

Red Cross officials at headquarters both in Paris and in Washington were deeply conscious of the fact that the war-torn countries of central and eastern Europe were still in dire need. They were practically without the necessities essential to support and maintain life. Medical and nursing assistance were needed fully as much, if not more, during the reconstruction period than during the period of active hostilities. The discouragement of the people facing this situation almost without supplies of every kind and with so depreciated a currency that it was practically impossible to go outside of Europe to

buy them, was quite understood by the American Red Cross. This condition was greatly complicated by the overwhelming problem of the refugees; each country had its own and the enormous numbers from Russia increased their difficulties. Further than that, the problem of war orphans in large numbers in each country seemed almost unanswerable.

With full and intimate understanding of the situation, executives at National Headquarters were, nevertheless, obliged to listen to questions raised by members of the American Red Cross throughout the country, who had been working at considerable tension even before the United States became one of the combatant nations and at high speed from then on. "The war is over," they said, "so why should we continue? We want to go back to our own affairs." Although there were still large quantities of supplies in European warehouses of the American Red Cross and money left from the war budget for European work, a strong feeling existed on the part of many individuals in the United States, even though they were sympathetic, that the countries of Europe should assume the question of rehabilitation for themselves.

To Red Cross officials, the question was a perplexing one. An operation of such proportions as that being conducted by the American Red Cross in Europe could not be stopped immediately. The warehouses which were filled with Red Cross supplies in various parts of Europe and to which the War Department in 1919 turned over large consignments of supplies and dietary foodstuffs as authorized by Congress,[1] had to be guarded and plans developed for a systematic and efficient method of distribution, while particular activities such as the Junior Red Cross work, child welfare activities in Greece, and the varied phases of service in Poland could not be immediately discontinued without destructive results to the countries concerned. However, the executives at National Headquarters knew that they must take cognizance of the trend of American public opinion. Governed largely by the factor of the supplies in European warehouses, they finally decided on a restricted and clearly defined program of a constructive character. The nursing service of this program embraced four distinct phases: Indirect stimulus to the nursing service of the League of Red Cross Societies; schools of nursing; nursing service in

[1] Bulletin No. 23, War Department, July 19, 1919. Army Appropriation, Act of Congress.

connection with child health centers; and nursing activities in the insular and foreign possessions of the United States.

Sentiment at National Headquarters [2] after the Armistice was pointing toward the participation by the American Red Cross in a broad and general program in which all the Red Cross societies of the world might become participants. On December 3, 1918, President Wilson wrote as follows to Mr. Davison:

> Pursuant to our conference of yesterday, I am writing to ask you if you will not be kind enough to make arrangements, if possible, to come to France at an early date for the purpose of conferring with me and others there as to the international relations and coöperations of the Red Cross. I sincerely hope that you will give the most serious consideration to this and that you will arrange to come, if it is at all possible.

When Mr. Davison arrived in France in December, 1918, he endeavored to develop a league which included in its membership the Red Cross societies of the world and had as its aim the betterment of humanity. He was appointed by the American Red Cross as chairman of an American Red Cross International Commission and resigned on March 1, 1919, as chairman of the War Council. A large sum of money was appropriated by the American Red Cross for this International Commission. Mr. Davison endeavored to get the Peace Conference at Versailles definitely to endorse the plan for a League of Red Cross Societies. They declined to do so, but with the assistance of President Wilson, it was possible to secure the insertion of Article XXV in the Covenant of the League of Nations. It is to be noticed that this article does not refer at all to the League of the Red Cross Societies but to National Red Cross societies throughout the world:

> The members of the League agree to encourage and promote the establishment and coöperation of duly authorized voluntary national Red Cross organizations having as purposes improvement of health, the prevention of disease and the mitigation of suffering throughout the world.

[2] On November 27, 1918, a confidential personal letter was addressed to President Wilson by a high official at National Headquarters which struck a prophetic note. Unfortunately the carbon of this letter is unsigned and various men then in high authority at National Headquarters have since disclaimed authorship of it. Hence it is not quoted.

Shortly after Mr. Davison's appointment representatives for the Red Cross societies of Great Britain, France, Italy, Japan, and the United States formed a committee, which established headquarters at Cannes for the purpose of studying the situation. The committee finally decided to call for conference, experts in health, medicine, economics, and nursing from all parts of the world, in order to prepare an extended program of Red Cross activities, in the interest of humanity, to be presented at a meeting of the International Red Cross Committee at Geneva to be held thirty days after Peace was declared.

This conference finally took place from April 1-11, 1919 at Cannes. Miss Delano had fallen ill some weeks before this, but it was expected that she would make an early recovery and be able to represent the American Red Cross Nursing Service when the meeting was called. In fact she did attend one preliminary conference held at Mr. Davison's house at Cannes for the purpose of advising on nursing questions to be presented at the conference, and also on nursing representation from other countries. As the time for the conference approached, however, the possibility of Miss Delano's attendance was dissipated and it became necessary to provide for a suitable substitute. The American Red Cross had been requested by Mr. Davison's committee to send Miss Lillian Wald to represent the Federal Children's Bureau, Department of Labor, U. S. A. As Miss Wald had been a member of the National Committee on Red Cross Nursing Service since its early days, it was determined that she should represent as well the American Red Cross Nursing Service.

While arrangements to this effect were being made at National Headquarters, Mr. Davison, appreciating Miss Delano's condition and not waiting for advice from Washington, asked Miss Stimson, then director of the Army Nurse Corps in France and formerly chief nurse of the American Red Cross in France, to attend. Miss Hall, who had followed Miss Stimson as chief of the Nurses' Bureau at Paris headquarters, was present. Miss Fitzgerald was also in attendance, not, however, as a nursing delegate, but because of her linguistic ability as an interpreter and translator.

Great Britain was represented by Miss A. M. Gill, then superintendent of nurses, Royal Infirmary, Edinburgh, and president of the Scottish Matrons, and by Miss Alicia Lloyd-Still, the head Matron of St. Thomas' Hospital, London.

Countess de Roussy de Sales, of the French Red Cross, was the representative of France. Italy was represented by Professor Emilia Malatesta Anselmi and the Countess Nerina Gigliucci, both of whom were volunteer nurses of the Italian Red Cross. Miss Stimson acted as chairman of the nursing representatives.

The Report prepared on lines suggested by the Executive Committee of the Cannes Conference is in the main as follows:

A. More important existing nursing organizations: In regard to international and national organizations, both official and voluntary, the field is so vast and available information so inadequate that it is thought best that the preparation of such a survey of the position be postponed, subject to the consideration of a larger and more representative gathering.

B. Indications for international Red Cross action: The proposed Central International Red Cross Bureau should include a Nursing Department. The chief objects of this Department should be:

1. To act as an intelligence center, to collect, analyze and distribute information regarding all matters pertaining to nursing, and to women's work in public health, such as infant welfare, housing, social service, etc.
2. To undertake propaganda in countries where trained sick nursing and public health work are not at present fully developed.
3. To seek out in these countries (Par. 2) suitable personnel for training both in sick nursing and in public health work, to advise and assist them to obtain the necessary training, and to return them to their own countries as pioneers.
4. To arrange for conferences of representative nurses and health workers from all countries for the interchange of ideas.

C. Utilization of existing Red Cross assets: It is recognized that the Red Cross at the present time is in possession of a very valuable asset in existing personnel. This personnel includes:

1. Fully trained professional nurses.
2. In France and Italy, volunteer trained nurses.
3. Untrained and partially trained workers, known in America as nurses' aids (under the Red Cross), and social workers; and in England as V. A. D.'s (under the Red Cross), Special Military Probationers, and health visitors; and in France and Italy, auxiliary nurses.

D. Permanent Red Cross nursing organizations:

1. International—It is recommended that in connection with the proposed International Red Cross Bureau there be a Department of Nursing, with a resident secretary, who shall be a representative of the nursing profession. The probable duties of such a secretary are indicated under paragraph B.
2. National—It is recommended that in addition to their present duties, national Red Cross organizations keep permanent registers of trained nurses available for any national or local emergency, and that they also keep registers of Red Cross workers, with data of their experience, for similar service.

The Report concluded with the statement that "we feel that many of the subjects under discussion are very far-reaching and must necessarily affect large bodies of workers and that, therefore, no decisions should be arrived at by a few individuals, but that these subjects should be referred to a larger and more representative body of professional women and should be considered preferably after the Committee of Red Cross Societies has concluded its deliberations and outlined the future activities of the International Bureau. . . ." The nursing delegates then suggested the following subjects for discussion:

1. The utility of the trained nurse for public health work.
2. The possible shortage of nurses for this class of work, and how the shortage can be made good.
3. Whether it is necessary for all health workers to be fully trained nurses.
4. Special courses of training in public health work for nurses and others.
5. Scholarships and other forms of assistance.

To the Report of the nursing delegates was appended the following set of Resolutions:

1. Resolved. That the Health Bureau collect, analyze publish and distribute information pertaining to nursing and women's work in public health, e.g., relation to such subjects as tuberculosis, child welfare, the prevention of blindness, pre-natal care, social service, etc.

2. Resolved. That propaganda be undertaken as soon as practicable in those countries where trained sick nursing and public health nursing are not as yet developed, to encourage the establishment of training schools for nurses.

3. Resolved. That suitable personnel for instruction, both in the care of the sick and public health nursing, be sought and trained so that such personnel may return subsequently to their own countries, qualified to inaugurate and direct movements for the establishment of training schools and for the training of nurses.

4. Resolved. That a system of scholarship be established to make it possible for trained nurses to receive the necessary supplementary education to qualify them as public health nurses and as teachers.

5. Resolved. That information in regard to the importance of public health nurses and the lack of adequate facilities for their training be widely disseminated; that there be widespread information so that the courses of training in existing schools may be adjusted to meet the requirements of public health nursing; and that special schools may be established to qualify women for the great opportunity for service open to them in this field.

It was significant that while the importance of public health nursing was stressed, the emphasis was placed on the establishment of schools of nursing.

Out of the Cannes Conference grew the League of Red Cross Societies. The relation of the League to the International Red Cross Committee at Geneva, with special reference to duplication, was explained by Mr. Davison at the first meeting of the General Council of the League, which was held in March, 1920. The two fundamental principles of the Constitution of the International Committee were neutrality and universality and these principles made it impossible for the International Committee to assume in 1919 the program proposed for the League.

The spring of 1919 was a busy one for the newborn League. Its first venture in the nursing field took place in June, 1919. Ten nurses, with Emma Wilson as head nurse, were released from service under the Nurses' Bureau of the Commission for Europe at the request of the medical director of the League and were assigned under the Bureau of Hygiene and Public Health of the Polish Government, to work in typhus hospitals in Poland. In a letter written June 30 to Miss Noyes,[3] Miss Fitzgerald, then chief nurse of the American Red Cross in Europe, described the plan:

[3] Disliking the use of the personal pronoun *I* and finding the term "National Director of the Red Cross Nursing Service" awkward because of its length, the writer of this chapter has decided to use the phraseology "Miss Noyes."

> The nurses' salaries are to be paid by the League and transportation from Paris to Poland and back again will be the responsibility of the Polish Government. The length of contract is for four months and the plan of work involves the assignment of one American Red Cross nurse and an English-speaking Polish aide to a Polish hospital, where our nurse will act as chief and will train native nurses to do the work there. Of the eleven nurses who are going, eight of them have already seen service with foreign commissions and two others in the *Service de Santé*.

The ten nurses were assigned to various Polish typhus hospitals and did the best they could for the four months' term of their contract. Late in November, 1919, they returned to Paris headquarters, and of the work accomplished by them, Miss Fitzgerald wrote in her report of a tour made by her in Poland, October, 1919:

> The Polish hospital which I visited showed the effect of the good work done here by two of our American Red Cross nurses assigned to the Polish Government. Neither of them spoke Polish and no interpreter had been secured for them, but they had been able to clean up the hospital; to obtain equipment for it from Colonel Gilchrist; to train native women and put them in a neat uniform; and, above all, to secure the full confidence and coöperation of the Polish doctor in charge. The same can be said of all the units where these nurses have been placed. . . .

The Polish Government cited the nurses' work as "devoted and fruitful."

The League had not yet appointed, as recommended in the nursing resolution adopted at the Cannes Conference, a director of nursing. Much concern because of this delay was felt by both Miss Noyes and Miss Fitzgerald, as will be seen by reading the correspondence that passed between them at this time. A letter of July 22 from Miss Fitzgerald emphasized this point:

> I assure you that I have not been idle about trying to have a nursing representative attached to the League of Red Cross Societies. I think that the Commission for Europe as a body is keenly anxious to have this done and the departure of the unit for Poland was used as a special argument in favor of having this new development announced by the League. A

> nursing unit, such as the one to Poland, which does not actually come under our jurisdiction, must necessarily be cast quite adrift, unless the League of Red Cross Societies assumes the responsibility of supervising this unit and other units which we may have in the field.

This crossed a letter from Miss Noyes which indicated that she too was anxious and was even then preparing a communication to the League upon this question. Because of this lack of proper preliminary investigation and centralized direction, the unit sent to Poland was not able to render service of as far-reaching a type as had been hoped. The recall of the unit ended further joint enterprises of this nature in Poland.

In the appointment of a Director of Nursing of the League, the National Committee on American Red Cross Nursing Service took an indirect part. As the plans for an extensive nursing program were developed by the League, Miss Noyes became anxious lest a person of inadequate preparation be selected as director. This, she felt, would not only create very definite difficulties, should the American Red Cross withdraw, which then seemed possible, leaving certain undertakings under the supervision of the League, but would tend to break down the standards already established. As the American Red Cross had standardized its Nursing Service and had supplied approximately 20,000 graduates for actual service during the war, it seemed quite proper that it should take the initiative in advising the League upon as important a matter as the selection of a Director of Nursing of the League.

A meeting of the Advisory Committee of the National Committee was called and a special letter was prepared and sent through the chairman, Dr. Farrand, offering the facilities of the National Committee to the League. This letter was sent by him, with a letter of transmittal, to Mr. Davison, the chairman of the League. The offer was quickly accepted and a cable soon followed from the League asking the National Committee to submit names of nurses suitable for appointment as Nursing Director. It is interesting to note that practically every one of the National Committee gave in recommendation the name of Miss Fitzgerald. Thus, Miss Fitzgerald's name in recommendation was transmitted to the League by cable. In a letter of October 27, 1919, Dr. Richard P. Strong, then medical director of the League, expressed his appreciation of the service of the National Committee. It is of interest to note how

far the influence of the National Committee had been extended since its creation in 1909 and the appointment of a Director of Nursing of the League of Red Cross Societies ten years later.

On November 17, 1919, Miss Fitzgerald resigned as chief nurse of the American Red Cross Commission for Europe to become Director of the Division of Nursing of the League. Of the early organization of the League, Miss Fitzgerald wrote:

> . . . In the summer of 1919, the League of Red Cross Societies had officially established itself in an historical old house in Geneva, Switzerland, under the protective wing of the Cathedral. By this time, Sir David Henderson had been appointed as Director General and Dr. Richard Strong as General Medical Director. The different sections of the Medical Department were the divisions of Tuberculosis, Medical Information, Library of Public Health, Sanitary Engineering and Nursing, Child Welfare, Vital Statistics and Malaria.
>
> On November 17, I reported for service with the League and I doubt if any one ever accepted a position with so slight a knowledge of what it entailed, with lesser opportunities for following any established precedents and with less data on which to build a program. Most of us felt very new and unequal to the task which had been set before us by the Resolutions passed by the Cannes Conference, but we made up in enthusiasm, *esprit de corps* and loyalty to our ideals our lack of experience in international service and the absence of any helpful guidance or precedent.
>
> In planning for the work of the Division of Nursing, my first step was to try and secure as much information on nursing as I could gather from the different countries. One dominant fact impressed itself on my mind through those months of preliminary work in anticipation of our first assembly was the difficulty of understanding and being understood, internationally speaking. Words were used by many nations with entirely different meaning in each case, comparative studies of reports were therefore of no value and I felt that I was not getting on the right road to "internationalize nursing" according to the needs and resources of different countries. I therefore prepared a report for the Assembly which embodied the program of my department along general lines and offering the choice of several methods in carrying out my idea of offering a training in nursing and preparing qualified young women in the countries where such training was not already available.

Early in March, 1920, the League held at Geneva its first General Assembly, and representatives of twenty-seven national Red Cross societies were present. At a meeting of the medical section, Miss Fitzgerald's Report on Nursing was read and the following resolution was voted:

> Resolved: That the League of Red Cross Societies urge the establishment in Europe of one or more model training schools for public health nurses, but that until this can be realized there be founded under the supervision of the League nursing scholarships for the national Red Cross Societies of those countries where no such facilities exist, in a city chosen as being most appropriate.

Of the development of this scholarship project, Miss Fitzgerald wrote:

> . . . I went to London and arranged for a course in practical and theoretical public health nursing which was given at King's College for Women with affiliations with the different child welfare centers, tuberculosis dispensaries, school nursing and other associations for rural nursing, district nursing, etc. The League of Red Cross Societies offered ten scholarships and asked National Red Cross societies to offer others to enable nurses to go to London and study public health nursing as a post-graduate course. Twenty nurses representing the following eighteen countries answered the first call: The United States of America (two nurses), Canada, Venezuela, Peru, England, France, Italy, Portugal, Belgium, Denmark, Sweden, Switzerland, Poland, Czecho-Slovakia, Serbia, Roumania, Greece, Russia. These nurses were most carefully selected by the different Red Cross societies according to directions issued from Geneva:
>
> Age: Twenty-three to forty years of age.
>
> Education: Evidence must be produced showing continuous education up to the age of eighteen years.
>
> Training: The student must possess a diploma or certificate as regulated by the highest nursing standards of the country which she represents.
>
> Health: A medical certificate of general good health must be produced.
>
> Reference: Should be given in evidence of good character and efficiency. In selecting students particular attention must be paid to the necessity for unusual intelligence to enable them to profit by a course which is necessarily intensive.

Language: The students must be sufficiently familiar with the English language to follow lectures and take notes.

Form of Application: Must be filled in and returned to the Director of the Department of Nursing of the League of Red Cross Societies.

It was felt that this method of training in public health was, for the present at least, our best way for keeping to standardized nursing in its branches and the course in London is being repeated with thirteen nurses present from the following countries: England, Canada, Mexico, Japan, New Zealand, Austria, Hungary, Bulgaria, Latvia, Lithuania, Iceland and Czecho-Slovakia. This course, like the first one, is under the direction of Miss F. M. Waters.

The general program of the Department of Nursing of the League included as one of the duties of its director careful "follow-up" supervision of nursing activities developed by national branches of the League. Miss Fitzgerald also supervised some child welfare activities which had been developed and financed by local agencies in Roumania and Czecho-Slovakia but the medical direction of which had been placed under the Medical Department of the League. Of the development of schools of nursing, Miss Fitzgerald wrote:

A training school for nurses in Belgrade, Serbia, was organized under a special committee comprised of representatives of the Serbian Red Cross, the Serbian Child Welfare Committee of America, the Serbian Minister of War, Minister of Health, military hospital and civil hospital. I was privileged in meeting several times with this committee and I assigned Miss Enid Newton, a British trained nurse of extended experience, to be director of the new school in answer to the request that the League of Red Cross Societies take an active part in its administration.

The development of this international advisory nursing service was fraught with many difficulties and considerable discouragement. Miss Fitzgerald wrote:

. . . Perhaps the greatest obstacle to quick action and rapid results will continue to be the distances which separate our headquarters from many of our member societies. Let-

> ters travel slowly, wires are expensive and unsatisfactory, and personal visits prohibitive in many cases.[4]
>
> The Department of Nursing of the League of Red Cross Societies finds some encouragement in the fact that it has established a personal contact with nurses from thirty different countries, many of whom will act as pioneers in nursing under the flag of their own Red Cross society and with what help we of the League of Red Cross Societies can give them.

The League of Red Cross Societies lost the services of Miss Fitzgerald in the autumn of 1921. After an absence of six years from the United States, she had returned for a much-needed rest, and also with the hope of arousing some interest on the part of philanthropic individuals and "foundations" in the nursing service of the League. While she was in the country some changes in League policies influenced Miss Fitzgerald's resignation. She was succeeded by her assistant, Miss Katherine M. Olmsted, an American Red Cross nurse who had shortly before been appointed to advise in public health nursing matters of the League program.

At the second meeting of the General Council, held in Geneva, March 28-31, 1922, the nursing program of the League was discussed. In this discussion emphasis appeared to be laid on public health nursing at the expense of nurse education, which is necessary as a sound fundamental basis to any nursing service. This caused some anxiety to those who were interested in the development of the nursing program of the League. The change of name of the Bureau from that of "Department of Nursing" to "Department of Public Health Nursing" seemed a clear evidence of misplaced emphasis, and appeared to suggest a drawing away from the resolution adopted at the Cannes Conference.

By the date of the second meeting of the General Council of the League, the "experimental period" [5] of its existence may be said to have been ended. In the light of past experience, it became possible in 1922 to define "with relative confidence" [6]

[4] The fact that each Red Cross society was permitted to interpret the qualifications of the students led to lack of uniformity. The Canadian or American nurse found herself a member of a class which contained women with Red Cross certificates it is true, but who could hardly be regarded as graduate nurses. Recent reports show that an effort has been made to adopt a minimum standard, but so far without success.

[5] See "Second Meeting of the General Council, League of Red Cross Societies," Vol. II, p. 18.

[6] *Ibid.*, p. 19.

the type of service which the League could most effectively render. This service was thought to be chiefly in an advisory capacity rather than in the development, as first contemplated by the Cannes Conference, of the League as an international health organization or of an extensive program in the field of medical research. This change of policy involved a substantial reduction in the entire program of the League, and in this reduction the Division of Nursing shared.

Miss Hay attended the Council meeting as a representative of the American Red Cross Nursing Service, and in a speech made at that time emphasized the necessity of nurse schools as the only safe basis for a general or special public health service:

> It seems to me we should lose an unusual opportunity, even neglect a very important duty, if this body did not put itself on record as making most conspicuous this idea, that for public health nursing and for the best development of public health nursing in any country we must have the assistance of thoroughly trained nurses. . . .

The nursing delegates had under consideration the publication of a pamphlet which would set forth the activities that might be undertaken by the League, and Miss Hay suggested that a statement such as the following be introduced into it:

> In the more essential nursing activities which the League can conduct, it is recommended that the League shall undertake to stimulate the organization of nursing schools of the highest standards in countries where these do not now exist.

This recommendation of Miss Hay's was in line with the efforts of the American Red Cross to introduce into European countries the Nightingale System of nurse education. An account of the schools of nursing subsidized by the American Red Cross follows.

In Prague, Czecho-Slovakia; in Posen and Warsaw, Poland; in Constantinople, Turkey, and in Port-au-Prince, Haiti, the American Red Cross established schools of nursing. In Athens, Greece and Sofia, Bulgaria, similar attempts were made but, at the date of writing of this history, were unsuccessful.

At the request of Dr. Alice Masaryk, the daughter of the president of the new republic of Czecho-Slovakia, Miss Fitz-

gerald visited Prague on July 3, 1919, for the purpose of conferring with Dr. Masaryk on the subject of a school of nursing. Dr. Masaryk placed an interpreter at Miss Fitzgerald's disposal and she visited the general, maternity and children's hospitals in Prague. In the report of her trip Miss Fitzgerald wrote:

> . . . I then had a final interview with Dr. Masaryk. The question in my mind at the time was as to the advisability of taking over the present training school [the State School which was finally selected], where some students are now awaiting their graduation, and reorganizing it, or whether to start an entirely new organization. The former plan appealed to me because it would avoid duplication of efforts and the fact that pioneer work had been done might make it easier for the new people coming in. Dr. Masaryk agreed with me in this matter and I made it very plain to her that the success of the scheme would depend entirely upon two things—first, the possibility of enrolling the proper class of students, i.e., girls of fair education and of high moral qualifications; and secondly the matter of obtaining not only the full coöperation of the medical profession, but of seeing a thorough change in their present point of view, so that they would themselves see the necessity for a training school. . . .
>
> Dr. Masaryk seemed willing to guarantee that all these above conditions would be complied with and seemed to have no doubt in her mind that this could be done at an early date.

The plan as finally drawn up was stated as follows by Miss Fitzgerald in a letter written July 18, 1919, to Miss Noyes:

> We are to send two trained nurses to Prague for a period of three years to start a training school for nurses in that city. At the same time Miss Masaryk is to pick out two well-educated, well-qualified and representative young women of the Czecho-Slovak race, able to speak English, to come to America to take the nurses' training there. When they finally receive their diplomas, they will then be ready to return to Prague and carry on the work, when we are ready to withdraw our two nurses from there. The scheme has been approved by the Commission for Europe, and is now awaiting final endorsement from Washington to become a definite plan. As I told you in my last letter, I think that Miss Marian Parsons would be a very good person for this piece of work, would she be willing to undertake it. One thing which makes me very optimistic about the final outcome of this plan is the fact that the medical profession in Prague is of a very high standing.

Miss Fitzgerald presented a budget, which included the salaries for three years of a head nurse and one assistant, with a maintenance appropriation of twenty francs a day and traveling expenses. It also included a monthly allowance of $25 for each of the two students for two years, with traveling expenses. The total appropriation called for something over twenty thousand dollars. It afterwards developed that two nurses were not sufficient to develop the school, so two additional were assigned, one to develop a public health course which formed part of the student course, the other as supervisor of the practical work in the wards. A copy of the communication was sent to Red Cross Headquarters, Washington, D. C. The plan was immediately considered and a cable of approval was transmitted on July 29, 1919, by Dr. Farrand.

As the Red Cross was expecting to terminate its general relief work in Europe, Dr. Farrand felt that a commitment covering general supervision for longer than one year might place the Red Cross in an awkward position should it decide to close its Paris office. The question of some other organization acting as the liaison between National Headquarters and the school was discussed and suggested in the cable. The necessity for this was remote, as direct communication and direction from National Headquarters in Washington was quite practicable.

After returning to this country for a brief rest, Miss Parsons, accompanied by her assistant, Alotta Lentell, went back to Europe and assumed the responsibility of organizing and directing the School of Nursing at Prague. Miss Parsons was born in Maine and was a graduate of the School of Nursing of the Boston City Hospital. After several years of executive experience in various New England institutions, she took a two years' course at Teachers College in training school administration. She joined the Army Nurse Corps as a member of Base Hospital No. 7. She served abroad with this unit and was released October, 1919. Miss Parsons' experience and thorough preparation eminently qualified her for this exceedingly difficult and arduous undertaking.

Thus the first steps were taken by the American Red Cross toward a more constructive post-war program in Europe, one bound to be far-reaching in its results and influence. Negotiations were also immediately opened with the Massachusetts General School of Nursing and arrangements made with it to

receive the two graduates, Bozena Brezinova and Franciska Ruzickova of the State School, for instruction covering a period of two years, a credit of one year to be given them for the time spent in the State School at Prague.[7] The two young women arrived in this country in August, 1920. But their knowledge of English was found inadequate and special tutoring became necessary; thus their admission to the school was delayed until January 1, 1921. Unfortunately Miss Brezinova suffered a nervous breakdown almost immediately and was sent to the McLean Hospital for treatment, where she remained until the autumn of 1921, when she was returned, unimproved, to her own country. In the early summer of 1921, Vilma Cerna, who had graduated that spring from the State School, partially trained under Miss Parsons, replaced Miss Brezinova. She spent the summer in the wards at the Presbyterian Hospital, New York, acquiring American methods and entered Teachers' College at Columbia University in the autumn as a special student in administration of schools of nursing. Here again the handicap of imperfect English made special tutoring almost imperative, which Miss Nutting, through private means, supplied. The summer of 1922 was spent by Miss Cerna in the wards at the Massachusetts General Hospital, in order to secure further practical experience. She returned September 16 to Czecho-Slovakia to serve as assistant to Miss Parsons until the termination of the contract. At the time of writing this chapter, Miss Ruzickova had not yet finished her course; all reports indicated that she was a good student and interested in her work.

Miss Noyes on her tour of inspection in the autumn of 1920 visited the School of Nursing at Prague. The two most serious defects at that time were inadequate facilities for teaching practical nursing in such wards of the hospital as had agreed to admit the students, and an insufficient dietary for the nurses. In making rounds through the hospital, Miss Noyes was struck by the lack of proper equipment. The linen and clothing supply was most inadequate, and in the tuberculosis wards particularly patients shivered under but one blanket. This made it almost impossible to keep the windows open and to obtain fresh air.

[7] Major Herbert S. Johnson of Boston, former American Red Cross Commissioner to Czecho-Slovakia, was not only interested in the project but was responsible for its origin.

In the wards a corner was usually set off with a half-partition to make a so-called room in which the nurses had formerly slept; here at the time of Miss Noyes' inspection they were occupied by the ward maids or attendants. The nurses' home was a fairly good building. The sleeping rooms had been comfortably furnished; usually there were two or four students in each room. The historic porcelain stove occupied a corner of each. The scarcity of coal, however, made it impossible to have fires except in the living room. Miss Parsons had fitted up this room in a very attractive manner and had secured equally pleasing class rooms and a library.

The dining room, however, was a cheerless place. Connected with it was a good kitchen where the food from the hospital, provided for the nurses, was served. As Miss Hay and Miss Noyes lodged in the school, they were given ample opportunity to sample the food. A day's menu, more or less typical, was about as follows: A large piece of heavy, black bread, without butter; substitute coffee, without milk, but with sugar, provided to the nurses before they went on duty in the morning. Upon this meager diet they were expected to work until noon. For the mid-day dinner usually thin soup, cabbage, bread without butter, and for dessert a large, heavy bun, made of comparatively white flour, which contained in the center some sour cheese and a scanty sprinkling of sugar. For supper tea, bologna sausage occasionally and bread or plain boiled potatoes, generously sprinkled with caraway seeds, or by way of variety, sour cheese. If potatoes were given no bread was provided. Twice a week meat was served for dinner. Thus with little or no variety the wearisome routine was followed day after day. The students and graduate nurses looked pale and anemic and it seemed marvelous that upon so meager a diet they were able to drag through a day's work on the wards where anything but hygienic and sanitary conditions prevailed.

Two recommendations were made to the Paris office:

1. That an allowance of 18,000 francs be given to Miss Parsons to supplement the food for all the school until June, 1921, when the Czecho-Slovak Red Cross had agreed to assume this responsibility.

2. That instead of providing cooked food from the hospital, the equivalent in money be given Miss Parsons to buy the food and have it cooked in the kitchen under her own direction.

The recommendation requesting an appropriation for food was granted by the American Red Cross and the second recommendation later became effective. The result was that a more generous diet, palatably cooked and served, was procured for the nurses, with a corresponding increase in their physical well-being.

Another observation of Miss Noyes was that only two pieces of soap, two inches square and filled with irritating alkali, due to scarcity of raw material and cost, was issued to the wards weekly. This served all purposes, for the hands of doctors and nurses, for bathing the patients and for general cleaning purposes. Despite these limited supplies the wards, sunny and bright, looked exceedingly tidy and clean, with white well-scrubbed floors and polished bits of brass here and there; and even though the linen was scanty, permitting only of a weekly change, the beds looked fairly comfortable and clean.

The faculty of the school at that time consisted of Miss Parsons, Miss Lentell and Blanche Kacena, a Bohemian-American nurse, who had been prepared at Teachers College, and who spoke the Czech language. Miss Kacena was detailed to the supervision of the instruction in the hospital. Pansy Besom, a public health nurse, formerly with the New England Division of the American Red Cross, was assigned to develop a public health nursing course, and was at that time making a survey of the resources of the city. May Louise White was acting as an assistant. Mary H. Bethel was instructing in Home Hygiene and Care of the Sick in connection with the Czech Red Cross.

The organization of the school consisted of a Board of Managers of nine members, upon which the Czecho-Slovak Red Cross, the Ministry of Hygiene, the faculty of the University of Prague and the military group were represented; the superintendent of the State Hospital and the American Nurse director were also members.

The curriculum consisted of a two years' and four months' course which had been arranged by the director, and the majority of the subjects, because of the language difficulties, had to be given by physicians, members of the medical department of the University of Prague or of the hospital staff. Instruction by the American Red Cross nurses, except that by Miss Kacena, was given through an interpreter, but the results were

surprisingly good. Gradually Miss Parsons was able to add to the curriculum a thorough course in invalid cookery and nutrition, a course in bacteriology; and finally to give the students the advantages of American textbooks; because of the lack of nursing textbooks written in Czech language, she introduced a course in English.

Affiliations that would enable the students to obtain added experience were gradually developed with the University (State) Hospital. Here practical nursing experience in four departments—medicine, surgery, gynecology and dermatology—was given. The Children's Hospital, a private institution, afforded training in pediatrics and field work in public health nursing in connection with the child health centers developed by the American Red Cross, was arranged.

An important step in the history of hospitals and the education of nurses in Czecho-Slovakia consisted in the placement of wards of the State Hospital under the direction of the American nurses of the Prague School. Previous to 1920 the School of Nursing had had no nursing control of any department of the State Hospital and many of the duties commonly assigned to nurses, such as taking pulses and temperatures and giving hypodermics, had been assumed by the young physicians. A leading internist connected with the State Hospital, impressed by Miss Parsons' arguments and the better methods and results, offered the school two of his wards as a teaching field. As the type of nursing which was done in these two wards became known, the school was gradually requested to assume charge of the nursing in surgical and gynecological wards as well.

As to the students, it was observed that they appeared to be drawn from the middle classes. A tuition of seventy kronen per month was required from the outset from all student nurses. The prejudice against nursing as a profession for gentlewomen still prevailed in Czecho-Slovakia. The attitude of the medical profession in many instances was discouraging; they appeared quite willing to accept nurses of the poorest grade, and some were inclined to show some antagonism to the plan of a modern school. With the backing, however, of President Masaryk, his progressive daughter, Dr. Alice Masaryk, and the best element in the medical profession, sentiment in this direction gradually changed until an increasingly better class of candidates were admitted.

The American Red Cross contract with the State School at Prague called for gradual withdrawal of the American nurses from the school. Two nurses were prepared in the schools of the United States to succeed them. The foundation was carefully built and the school at Prague bade fair to compare favorably with any modern school in America. The American nurses were prepared to pass the torch to their Czech sisters who had been taught under their auspices and to give them the courage as has been the case in the history of all such movements, to "carry on" as pioneers in a country where a system of modern nursing was still a matter of wonder to the large part of the population. That the school was maintained at all was an accomplishment of no mean proportions. During the years following the European War, Czecho-Slovakia was making a mighty effort towards reconstruction and improvement of its economic conditions. Surrounded as it had been by enemy countries, over-run by armies which had lived upon it, stripping it bare of everything, was it a cause for wonder that its hospitals were destitute of the bare necessities? The Czechs, a proud people with unbroken spirit, were well aware of the situation and were making a desperate and apparently highly successful effort to improve conditions.

Although the idea of introducing the Nightingale System of nurse education in Poland was conceived at an early date following the signing of the Armistice, the development of a school was slow. In her first communication from the League headquarters under date of November 20, 1918, Miss Fitzgerald wrote to Miss Noyes: "I believe that the American Red Cross Commission for Poland is planning to start a training school for nurses. The country is not yet ready for it, and I tried to persuade Colonel Chesley [then commissioner] that they should not undertake such a piece of work until they at least had the advice and coöperation of a nurse of experience." This was the first hint that a school for nurses was occupying the thought of the Commission for Poland. From time to time during the winter and spring of 1920, letters first from Miss Waters, who served as acting Director of Nursing at the Paris headquarters during the interval succeeding Miss Fitzgerald's resignation and Miss Hay's appointment, then from Miss Hay and Miss Benn, contained references to such a project.

During the summer of 1920, Dorothea Hughes, a student nurse in the Army School of Nursing at Walter Reed Hospital,

wrote to the Red Cross office that through friends she had become greatly interested in Poland and desired to be of help to it; that as she had entered a training school for patriotic reasons she would like to assist with the organization of a school in Poland, and was ready to subscribe $10,000 a year through the American Red Cross for three years for that purpose. Miss Noyes, knowing that Poland was asking for assistance in this direction, assured Miss Hughes that she had written at an opportune time. Advice of the offer was transmitted to Miss Hay, and upon the assurance that the money was available, she submitted on July 1, 1920, a careful plan for a school in Warsaw, based upon her survey of nursing activities and needs in Poland made in June to Major Honeij of the Medical Staff, American Red Cross Commission for Poland. This plan was to be presented with a detailed letter of transmittal from Miss Hay to Madame de Bisping, then president of the Polish Red Cross. The best laid plans dependent upon members of the human race to execute often miscarry, as will be seen from the following extract in a letter from Miss Hay to Miss Noyes dated July 30, 1920:

> Miss Fitzgerald returned this week from her trip to Poland and Prague, and brings back valuable reports. She may write you direct on the question of the training school in Warsaw, but the facts in the case are these: That Dr. Honeij instead of giving Mme. de Bisping my letter to her regarding the school, sent it without further explanation or conference, quite contrary to what he had said he would do. Miss Fitzgerald reports that Mme. de Bisping was somewhat consternated at the bigness of the plan, and the fact that the Polish Red Cross was little prepared to give any material assistance to such a plan regardless of how much they wanted the school.

This may have been one reason for the fact that but little was heard on the subject of the Warsaw school for a time, although the Bolsheviki drive in the summer of 1920 claimed the full attention of the Polish Red Cross. The question, however, was not allowed to die.

In October, 1920, Miss Hay and Miss Noyes visited Cracow, where the local authorities had expressed a desire that the American Red Cross develop a school. A brief survey of local hospitals was made that information might be fully in hand should the Cracow authorities urge this desire of theirs.

Miss Hay and Miss Noyes left, after two days, for Warsaw, where in addition to making a fairly comprehensive study of the general conditions, specific consideration was given to the question of the development of the school of nursing, toward which Miss Fitzgerald and Miss Hay had been working in cooperation with the Polish Red Cross.

Conferences were held with representatives from the Ministry of Health, the University of Warsaw, the Municipal Government, with Miss Zlenkier, a nurse who had built in Warsaw a complete and modern hospital for children and who had taken a partial course of training at St. Thomas Hospital, London. Various hospitals were visited; among them a children's clinic, where an unusual opportunity seemed to be presented for the development of a central school; the Infant Jesus Hospital, a large institution which had been under the direction of Russian authorities and from which, upon their evacuation, they had removed all the furnishings. This hospital, unlike others which had been visited, was quite modern in its equipment, with lavatories and diet kitchen well furnished. The hospital was under the direction of Sisters who were good housekeepers and possessed comparatively modern ideas of nursing, as the cleanliness of the wards, beds and bed linen clearly indicated.

The local authorities interested in the development of the school presented a plan which had been prepared by the special committee, which included the individuals already mentioned as well as others. This plan was formulated from suggestions apparently made by Miss Fitzgerald and Miss Hay, combined with local ideas. Included was the Prussian system of keeping a hand upon the graduates after the completion of their course; for a given space of ten years they were to be under the control of the institution. The plan also carried with it insurance for invalidism and old age; it included a Congregation of Sisters, every nurse to be a member of this Congregation, etc. The merits of the plan were discussed at a conference and a counter one was prepared, which with modifications was used as the basis of understanding and contract with all the schools sponsored by the American Red Cross. The six main points of the plan were as follows:

1. A corps of instructors of broad experience and unquestioned ability. At least four trained nurses are necessary for the class and practical instruction and supervision. A fifth

nurse is also desired to organize and carry on some public health activity, so that preparation for this important field of usefulness may be made a part of the school's program.

2. A nurses' home adequately furnished and maintained. Such a home must be large enough to take care comfortably of the total pupils decided on . . . besides rooms for the faculty, for classes, study, recreation, household menage, etc. It should be attractive, comfortable, sanitary, well heated and lighted, and with sufficient service to keep it immaculate. Because pupil nurses have large demands made of them, physical and mental, the food should be ample and of the best quality. Ample laundry and bathing arrangements are also necessary.

3. Uniforms, textbooks and translation of same, equipment for class work, as charts, models, etc. It is possible that in order to attract a sufficient number of pupils, a small monthly allowance also be provided.

4. Hospital affiliation. Such hospital affiliations should be secured as will ensure the thorough practical training of the pupils in the various classes of disorders, as medical, surgical, transmissible, gynecological, pediatric, etc. It is important that the directress of the school, with her assistants, be given the nursing control of such hospital divisions as are secured for this practical training.

It is understood that rules and regulations governing the admission of pupils, their supervision and general direction, may safely be left to the director of the training school to develop after her arrival. Also rules governing the activities of graduate nurses should primarily be left with the graduates themselves.

In this connection, it is important to state that any rules binding the graduates of such a school to extended service or control after graduation are contrary to American methods and principles and are, we believe, certain to react unfavorably on the school itself and to reduce materially the number of desirable candidates available for the training. It is expected that the director of the school and an interested school committee will lend every assistance in securing proper recognition and adequate salaries for the members of this new-born profession, either through suitable Nurse Practice Acts, registration by the Government, or in such ways as would protect the people and the nurse graduate.

5. Coöperation of the medical fraternity, or leading members of it, who would assist in securing the desired hospital affiliations, as also in various lecture and laboratory courses.

6. An active training school committee, composed of

representatives from the various interested groups, leading physicians and others, who would give of their whole-hearted sympathy and support toward the creation and maintenance of such a school of the first class.

The help and influence of the larger body is needed, but that the work might be vigorously pushed forward, such a larger committee should be subdivided into smaller working committees, as, for example, a Committee on Nurses' Home, Committee on Curriculum, on Hospital Affiliation, etc. It is recommended that to this larger committee be appointed two nurses residing in Warsaw, who have had training in two of the best London hospitals, Miss Szlenkier and Miss Zarzycka; also that the Commissioner for Poland, American Red Cross, the Chief of the Medical Staff, and the Director, Department of Nursing of the Commission for Poland, A. R. C., be ex-officio members of the committee.[8]

No doubt the suggestions which had already been made, in addition to the plan submitted by Miss Noyes and her associates, seemed a radical one. Time was needed for the Polish committee to digest it.

Miss Noyes visited Posen for the purpose of interviewing a committee who were interested in the development of a school of nursing, and also to review the work of a small group of nurses located at Kornik and two who were giving instruction in Home Hygiene and Care of the Sick in Posen itself. Upon her arrival a conference was held which had been arranged for by Dr. Zniniewicz, president of the Posen branch of the Polish Red Cross, an able woman physician vitally interested in the establishment of a school in that city. There were representatives present from the Municipality, the Department of Health, the Division of Military Hospitals and the Posen University; also Miss Hay and Miss Mathews were there. The Posen representatives stated their sincere desire to help in every way possible in the organization of a school of nursing with American nurses in charge. They suggested a building formerly used by a German physician as a private sanitarium, which was at that time under consideration as a hospital for the Government railroad employees and their families. In order that a better understanding of the American standards and requirements might be had, a copy of the plan which had been prepared for the Warsaw Committee was given to the Posen group.

[8] For further details, see "Outline of School for Nurses in Poland, October 25, 1920." Red Cross Archives.

Out of the plans for a school of nursing for Poland, two schools instead of one emerged. The Posen Committee lost no time in putting their plan into shape and presented it on December 12, 1920, through two important railroad officials, to Miss Mathews. On December 28 Miss Mathews, Miss Skorupa and Mr. Barge, then commissioner for Poland, made a visit to Posen, and at a meeting held the following day, the "Directors of Railways" offered their newly-furnished Hospital of sixty beds and a dispensary as a practical field for the School. The Department of Health offered the coöperation of other hospitals and the Dean of the University offered their newly-opened clinics and teaching equipment. The direction and execution of the plan was placed in the hands of the Polish Red Cross, which in turn was expected to contribute furnishings. The city agreed to furnish light, and the railway director, coal.

On December 30, 1920, Miss Mathews in a letter to Miss Hay recommended that two American Red Cross nurses then in Poland and a third nurse be sent to the prospective school in Posen; these nurses were Louise Walter, who spoke German fluently; Stella Tylski, a Polish-American, and Miss Suchowska, whose enrollment in the American Red Cross Nursing Service was then pending. The approval of the Commissioner for Europe was finally secured and the nurses sent to Posen.

The subsequent months were difficult ones for the little group of nurses. The promises of the Committee, while unquestionably made in good faith, did not always materialize. Apparently there was some talking at cross purposes. "Living quarters" to an American nurse meant one thing, a good home or good rooms, heated; to members of the Polish Committee it might have meant a corner of a ward. The first difficulty was suitable living quarters.

The promised affiliation for obstetrics was at that time not available. The Railroad Hospital, which was offered as a teaching field, had already a nursing staff of Catholic Sisters, and they had to be conciliated. Then certain members of the medical profession, true to American form, became concerned lest the graduates might practice medicine after graduation, and sent a formal communication[9] to the Committee which began by urging lower educational entrance requirements.

[9] Letter by Drs. Adamski and Miklasinski, August 18, 1921.

Miss Ita MacDonnell, a Red Cross nurse who had been sent as director of the school, and who had been accustomed to working with Sisters in America, gradually effected an arrangement whereby the Sisters were given the housekeeping, purchasing of supplies, supervision of help, and laundry. This meant, however, that the small group of American nurses with the assistance of ten probationers were obliged to assume, both day and night, the actual nursing work in the wards. The difficulties, met and overcome, would have discouraged a less enthusiastic group. Such handicaps as bedbugs, lack of water, shortage of linen and utensils, low beds, poor mattresses, laundry only every two weeks, were met and conquered; gradually order and cleanliness were secured. The type of student admitted was excellent, and a two-year course was arranged to the best advantage. The school was formally opened on November 10, 1921.

A request for an appropriation of $11,500 was approved by the Executive Committee of the American Red Cross in 1921, with the expectation that it would take care of the teaching faculty for two years and six months. It was further expected that graduates from the school or from among the Polish students brought to this country on Rockefeller Foundation Scholarships and placed in the Massachusetts General School of Nursing would at the end of that time be available for this work. In April, 1922, Dr. Hill, then vice-chairman in charge of foreign operations at National Headquarters was able to increase the fund to $15,000 in order that an additional instructor, increasing the faculty to four, might be provided, and Lena Johnson was added to the staff.

In April, 1921, plans for the development of the Warsaw School had reached such a stage that Helen Bridge, whose work with the Siberian Commission has already been described, sailed from New York as director. The project was financed by Miss Dorothea Hughes. On Miss Bridge's arrival in Poland, she began organization of the committee, selection of buildings, repairs and equipment, preparation and printing of circulars and application blanks, publicity, interviewing candidates, selection of staff and the countless details incident to a project of this nature, difficult in a well-organized country like America, but doubly so in a country wasted by war and hampered by a thousand economic and traditional obstacles. A less optimistic person than Miss Bridge might have lost heart, but

she believed in the enterprise and so did her committee, and she forged ahead.

In a letter to Miss Noyes under date of August 2, 1921, Miss Bridge wrote:

> You will be delighted to know that up to the present we have had sixty-four inquiries concerning the school. I have accepted four candidates and have forty-five applications pending. We are quite pleased to have a quality of applicant superior to that which I anticipated. The first applicant was the daughter of a Polish Countess, a splendid girl, but too young. She has withdrawn until next year. The first application to be completed was that of Mary Pawlowiczowna. She is a splendid young woman who has had one year at the University of Warsaw. Is it not significant that our first accepted candidate should come to us so well prepared? . . . Of the four accepted there is another who has had two years at the university, one who is quite ready for the university, and the fourth falls short of having a certificate from the eighth class (the equivalent or more than our high school) because she failed in French. Almost every candidate I have interviewed speaks French and a number of them also speak English. . . .
>
> The attitude of the physicians on the Council and others in Warsaw toward the school seems very good.

Each succeeding report recorded the growth of interest and the betterment of conditions. Finally October 19, 1921, was decided upon as a suitable date for the formal opening, which included the ancient Polish custom, the Blessing of the House by the Cardinal. "American nurses," stated an address of welcome written by Miss Noyes, "extend their hands across the sea and welcome this new school as they would a new relation."

The address by Dr. W. Meczkowski, a friend of the school, showed the attitude of the best element in the medical profession toward this project:

> Poland is now like a bad housekeeper who, having an abundance of everything, wastes; many children are born, but the nation does not exert itself to keep them alive. Death takes them away as in no other country in the world, and the general mortality is much greater in Poland than anywhere else.
>
> There must come a time for us to open our eyes and see where we are going. We must begin a wise and planned war

> against illness. We must visit our ill people and examine the conditions of life of the healthy; we must enter the homes of the peasants and the town dwellers, we must render popular the idea of real nursing, we must increase the means of preventing disease, we must take care of women during pregnancy and after childbirth, and we must provide the proper care for sick people in their homes and in the Hospitals.
>
> This task can be carried out only by an intelligent and devoted nurse, such a nurse as graduates from the schools of North America and England. Our school has as its object the production of such nurses who must be pioneers. Its task is to produce the first nurse instructors for the medical institutions, and that is why, in accepting our first candidates, we have been so exacting in regard to their moral and educational qualifications.

After thanking the Polish Committee members, the Americans and others who had made the school possible, he continued:

> Before I finish I wish to speak to the pupils of the School of Nursing, to those pioneers who on graduation from this school will go the first into Polish society, taking to the villages and towns the rules of hygiene, cleanliness and order, and who will give to the patients in the hospital and in the home honest and wise care. Nursing—as stated in our regulations—is not an ordinary profession. For us it is like an Order which demands a special vocation. Here hard work does not suffice, there must be sacrifice, a vow to give oneself with one's whole heart. This high task of giving help to the poor and suffering, of preventing disease, will be your reward, and the common service to this high idea will create among you links, sincere sisterly relations. This school will aid you in educating your heart and brain and in developing your love of mankind.

The report for January, 1922, announced the sad death of Dr. Meczkowski, whose last office for the school had been to secure the balance of 4,000,000 marks due on the 1921 appropriation to be given by the Polish participants. The report as well indicated the completion of the plan for hospital affiliations. The economic situation, affected as it was by the rapid depreciation of the currency, brought financial anxieties and complications that greatly increased the problem for Miss Bridge, yet so well had they accomplished their work that the



First class of the School of Nursing, Warsaw, Poland, established by the American Red Cross.



Exterior of the School of Nursing, Warsaw, Poland.

Administrative Council at a meeting in December asked the school to assume responsibility for the housekeeping, kitchen, and dietary for patients and the laundry. A Hospital Committee was also suggested. That Miss Bridge, supported by Miss Mathews, appreciated the practical difficulties as well as the advantages of taking charge of the housekeeping was shown in a letter to Miss Hay under date of December 20, 1921:

> I talked the whole thing over with Miss Mathews and she agrees with me that, while it is a large order, that we will probably be able to bring up the standard of the nursing much more quickly if the housekeeping is under our control.

This same letter recommended a dietitian, qualified to assume the instruction to student nurses not only in invalid cookery and nutrition, but in household administration, including the laundry; to arrange the dietaries and to take charge of the buying of food. Furthermore, she should be able to speak either Polish, French or German. The Paris office approved this request, and a cable to this effect was sent to National Headquarters. On May 6 Bertha Holman, an enrolled Red Cross dietitian, left the United States for Warsaw. That she was needed and was facing heavy responsibilities was plainly evident, as shown in a letter from Miss Bridge of April 17:

> The hospital is in a perfectly wretched condition, very dirty and wthout signs of anything you could call real organization. . . . It is the same old story of preceding slowly until you have won local confidence. We went into the hospital with eighty-five patients to care for, but this number was quickly increased to one hundred and twenty. . . .
>
> After the preliminary course, our twenty-two student nurses went into the wards. I shall never forget the picture they made on that first morning in their crisp new uniforms and their faces bright with anticipation. Two of the students who had never been in a hospital before were so frightened that we had to stay with them in the wards for a time until the first sharp edge of their fear had worn off. I still remember the flushed frightened face of one of them.
>
> After the first day, the patients begged the students to stay with them all night, for, they said, "we have been taken care of to-day but to-night it will be the same old thing. We will ring and ring and no one will answer."

Fortunately for the school, three of Miss Bridge's assistants were Polish as well as Roman Catholics, this being the prevailing religion. Consequently, when questions arose concerning attendance at mass at eleven o'clock in the morning by all the students, they were able to satisfactorily explain why this was not possible.

The night nursing in the nospital was still left to the Polish Red Cross nurses. There was little or no system and no discipline. Such nursing attention as the patients required was largely left to the sanitars (orderlies), who waited on men and women alike, even performing such delicate attention as giving bedpans to women patients. This condition troubled the American nurses, as they were accustomed to seeing patients receive the same careful nursing at night as was given during the day. Miss Bridge expected to place the student nurses upon night duty as soon as they were sufficiently experienced, but in order to do so many internal changes were necessary. However, at the time of the completion of this history these changes had not yet been made. The conditions that prevailed in the operating room made it impossible to give student nurses training in surgical technique and operating room procedure. Here the *felcher* (operating room orderly) had reigned supreme regardless of sex and nature of operation. It became evident that student nurses could not be assigned to service in that department until a qualified American nurse had been secured to reorganize the work, direct the nursing and instruct the students in surgical technique. A request was sent to America for a nurse qualified for this work, which would increase the teaching personnel in the school to six. This, however, was to be regarded as temporary.

In no way, however, were the American nurses discouraged. In the period of slightly over a year during which they had been at work they accomplished marvelous things. Their staff included four graduate nurses, one dietitian and thirty student nurses. They had an attractive residence, well furnished, with suitable class rooms and good teaching equipment. Several well equipped wards offered a satisfactory field for practical instruction. Control of the housekeeping, laundry and dietary department rounded out the facilities as a teaching field. They had a representative school committee called "The Administrative Council," a well arranged curriculum with a preliminary course, a lecture course given mainly by university

teachers, and a group of students exceptionally intelligent, well educated and refined. This accomplishment demonstrated good and efficient management, and a receptive and coöperative school committee. When the time shall arrive for the withdrawal of the American nurses the future of the school would seem to be assured. History repeats itself, for as it has been the nurse in America who has been the instrument through which nurse education and institutions for the care of the sick have been brought to their present state of excellence, so it will probably be in Poland, if educated and cultured young women enter the schools.

The school at Posen differed in some respects from that at Warsaw, the latter being organized on a basis that would compare favorably with the most modern school in America; the former, excellent in character, and run on sound principles, was unable because of certain inherent conditions, such as living quarters, to develop on as progressive a basis.

The July, 1922, Report of the Posen School showed a faculty of four American Red Cross nurses, two of them of Polish nationality; fifteen students; a two years' regular course and a three months' preliminary course; arrangements perfected for practical experience in medicine, surgery, gynecology, children; affiliations in obstetrics and communicable diseases; a corps of instructors, doctors and nurses.

In both schools a tuition fee was required; an eight-hour working day prevailed in each; the character and educational qualifications of the students were excellent.

A school of nursing had been discussed by the American Red Cross Commission for Greece, and a plan had been prepared by Major Carl E. Black in July, 1919, and presented by him to Colonel Capps. This plan was based upon Major Black's survey of Greek hospitals and a study of Greek methods of preparing nurses. Major Black discussed his plan with the Greek Red Cross, Colonel Capps, physicians, hospital authorities and others, but although Miss Helen Scott Hay, a recognized nurse educator, was directing all Red Cross nursing activities in the Balkan States, including Greece, she was not called into any of these conferences or shown the plan until after it had been submitted to American and Greek Red Cross authorities. She had prepared, at Colonel Anderson's request, a suggestive outline for a school of nursing, it is true, solely as a basis for discussion and with little opportunity for study

of local conditions, and with the understanding that it would not be regarded as a complete plan.

Fortunately Major Black's soundness of views on the question of educational entrance requirements, as well as on the social and professional status of the graduate nurse, enabled him to present recommendations of a sound and dignified character. His plan, which was an ambitious one, called for an operation covering five years at an estimated cost of about $12,000 per year, or about $60,000. Matters had proceeded even so far as to discussion of a hospital upon which to graft the school, a point of great moment to such American nurses as might be sent to carry the plan through, and a matter upon which the advice of Miss Hay would have been of great value. The concluding paragraph of Major Black's report stated:

> At the time of leaving Athens for America, we have received no answer from the Hospital Board, and do not know their final decision when confronted by the terms in detail. The matter is left in the hands of Major Dewing for final consummation with either the Evangelismos Hospital or some other hospital in Greece.

Little was heard of the project of the Greek school of nursing during the early months of 1920. During the summer of that year President Venizelos had a conference with Commissioner Olds in Paris, at which the Commissioner again offered on behalf of the American Red Cross to assist in developing a school of nursing in Athens. One of the conditions of the offer was that the Greek Red Cross should provide suitable buildings. The finances of the Greek Red Cross did not permit them to assume this item in the summer of 1920. In October, however, President Venizelos wrote Commissioner Olds that a member of the Greek Red Cross had presented a million drachmas to the Society for such purposes; that in his estimation the Greek Red Cross was prepared to accept the offer of the American Red Cross; and that he had placed the matter in the hands of Mr. J. Athanasakis, then president of the Greek Red Cross. In November, 1920, Mr. Athanasakis wrote Commissioner Olds that the Greek Red Cross had decided, however, to place the direction of the school in the hands of two of its volunteer Red Cross nurses. This action amounted practically to a rejection of the American Red Cross offer, as

in its training school contracts the American Red Cross had reserved the privilege of appointing American nurses trained under the Nightingale System to direct the schools, and this clause was clearly understood by the officers of the Greek Red Cross.

Such was the state of affairs when Miss Hay and Miss Noyes arrived in Athens late in November. Great excitement then prevailed throughout Greece. Political changes had deposed the "Commoner" and brought back King Constantine. Miss Hay and Miss Noyes tried to see the president of the Greek Red Cross but did not succeed. Thus a final settlement other than that described above regarding American Red Cross coöperation in the establishment of the Athens School was not effected.

Bulgaria was again in 1920 urging the reorganization of the school started in 1915 under the direction of Miss Hay at the Alexandra Hospital in Sofia, which was described in Chapter IV. As the plan presented was incomplete and somewhat unsatisfactory, it was felt that a conference with the Bulgarian authorities would be of great value. When Miss Hay and Miss Noyes reached Bulgaria they found that the situation had changed since overtures had been made a few weeks previous. The Bulgarian Red Cross, which had for some years conducted a so-called school of nursing, had requested the Government to lay aside the plans for the Alexandra Hospital School, and to pay to it any moneys available for this latter project. The bill covering this change in plan had already had two readings in Parliament, although the nurses from the Alexandra Hospital School, who had been under Miss Hay, and many physicians and other prominent people had done all they could to delay a decision. The situation was critical. Through the American Chargé d'Affaires a conference was secured for Miss Hay and Miss Noyes with the Acting Prime Minister Dimitroff. Prior to this, however, they had been invited to visit King Boris and had laid the reorganization plan before him. He manifested the greatest interest, and gave assurances of his support. The attitude of the Prime Minister was wholly non-committal, but an early decision was promised. However, such other reassurances were given to the effect that the reorganization of the school would go through with the passing of the budget that it seemed a foregone conclusion. Miss Noyes waited several days at Sofia with the hope that a definite decision

would be reached. She was finally obliged to leave, but before doing so submitted the following recommendation:

> That we assist the Bulgarian government as far as possible in the resumption of a school of nurses, providing the Bulgarian government itself is ready to do its full part, financially and otherwise, by stating that it would seem but fair under the circumstances that we should select and provide salaries for not less than two American nurses, and at least partial maintenance for not less than two years. In the event of failure to establish the school, that at least one scholarship might be given to the best qualified nurse of the Queen's School, so that she might complete her course in America and be better prepared to assist her country in developing nurse education.

It seemed highly desirable that there be a modern school in Sofia, not only to perpetuate the plans so dear to the heart of Queen Eleanora, but because it was greatly desired by a large number of Bulgaria's most thoughtful people. The Bulgarian Red Cross, however, produced one argument which apparently was most convincing to the Bulgarian government, and that was economy. The cost of maintaining a school of the first order necessarily represented more outlay than people of many foreign countries were accustomed to think necessary. At that time the *lev* was selling ninety to a dollar, and failure to secure an enthusiastic acceptance of the assistance which the Bulgarians had voluntarily sought might be ascribed to this cause.

From time to time, however, the question of the school was again raised by those most interested. In the early summer of 1922 a final coöperative plan based on the preceding recommendation seemed a foregone conclusion, and an appropriation to cover it was established at National Headquarters. The Bulgarian authorities were notified and asked to submit their reassurances. At the time this history goes to press these have not been received. A leading citizen of Bulgaria when discussing with Miss Noyes the project and the tendency to procrastinate said, "It is the East." This may explain the present delay.

At Constantinople a school of nursing was established with which the American Red Cross was affiliated. Mrs. Anna Rothrock, who had been assigned as chief nurse to the unit of fifty-four nurses which had been organized by the American

Red Cross for service with the Near East Relief, was detached from that organization in the spring of 1920, and asked to undertake the development of a school of nursing and a hospital in Constantinople, under the auspices of a local committee. This committee included representatives from the American Red Cross, American College for Women, Roberts College and American interests such as the Standard Oil and the Near East Relief. Substantial assistance was given them by the Near East Relief in gifts of equipment; also by the American Red Cross Commission and the American Red Cross Chapter at Constantinople, of which Admiral Mark L. Bristol, United States Navy, high commissioner to Constantinople, was the chairman. The institution was developed in "Old Stamboul," in a building formerly the home of a rich pasha, a large three-story house with two distinct divisions, the Haremlik and the Saremlik. The building was in very poor repair with deep rooms with windows only upon one side. Rough wooden floors and total absence of heating facilities and plumbing made the question of proper organization of the hospital a difficult one. Nevertheless, with the supplies which had been given, the building was put in good shape. Hundreds of feet of stove pipe were used in setting up stoves, the only means of heating the wards and the living quarters of the nurses. While marvels were accomplished in making the place habitable, nevertheless it was far from being an ideal building for either a hospital or a school. The dangers of fire, with no means of control should one occur, the long steep stairs and the general unsuitability as far as arrangement was concerned, made the building far from satisfactory for the purpose.

The hospital proper consisted of wards with from six to twelve beds, and five private rooms of one or two beds, a total of eighty beds; two large halls for convalescents, an operating room, a pharmacy supply room and dispensary. There was one kitchen for the hospital and the staff, with a single Greek cook. An American Red Cross dietitian, Nellie Halliday, was in charge and was accomplishing astonishingly good results with the facilities at her disposition. The water supply was uncertain; there was no laundry except an outside room which had originally accommodated the laundry work for a private family. The toilets were of the Turkish variety, marble and in good repair. In the equipment was a Turkish bath, while modern bathtubs with a unique stove arrangement for heating

the water were installed in some of the smaller rooms. The Dispensary was on the ground floor under the part of the building used for the graduate nurse staff. Linen and dressing rooms and sewing rooms adjoined. The home for the student nurses was arranged in what was formerly the servants' quarters. The rooms were clean and sufficiently large for two or three students. A combination sitting room and study was provided, the pupils taking their meals in the personnel house. The faculty consisted at that time of six American nurses, all of whom had been recently engaged in the care of refugees on the Island of Proti. They had been temporarily loaned to the American Hospital upon the closing of work on Proti. In November, 1920, five of them were permanently engaged on the regular hospital staff.

The school course was finally arranged to require a period of twenty-eight months. The minimum educational requirement for admission was that the applicant should have completed a full high school course or its equivalent. Anatomy, physiology, bacteriology and chemistry were taught by an instructor of the Constantinople Women's College. Practical and theoretical nursing were taught by members of the nursing staff. While this school was not strictly speaking a Red Cross enterprise, American Red Cross nurses, some of whom were partially or entirely paid by the American Red Cross, had effected the organization, and had brought this school into line with other schools in Europe which the American Red Cross had subsidized. In the course of time the staff was decreased and a gradual change in personnel resulted.

Upon the resignation of Mrs. Rothrock in the fall of 1921, Miss Lyda Anderson, who was acting as assistant to Miss Hay in the Paris office, was appointed to replace her. Under Miss Anderson's administration some changes gradually took place, the course of instruction was reduced from three to two years, and a definite affiliation was being sought with the American College, similar to university affiliations which exist in America. The type of student admitted to the school gradually improved and included representatives from many countries. The question of language was a serious one, and as interpreters were out of the question classes in English were given in order that the students might not only avail themselves of the best textbooks written in English, but profit by the instruction given by the American nurses.

There were in 1922 no other modern schools of nursing in that part of the world. The future usefulness and importance of this school not only to Constantinople but to a large surrounding area is self evident. A new hospital and school building of good type of construction was imperative, while many improvements had been made to facilitate the work the inherent defects of construction were of such a nature that it would have been useless to try to overcome them by temporary repairs.

From the beautiful tropical island, called indiscriminately Haiti or San Domingo, depending entirely upon whether one refers to the western one-third, Haiti, or to the eastern two-thirds, Santo Domingo, there came early in 1920 from the Government a request for four Red Cross nurses. In 1918 a school of nursing had been organized under the direction of Commander N. T. McLean of the Medical Corps of the United States Navy in connection with the City General Hospital in Port-au-Prince. The protecting arm of the United States Government had been extended under the treaty of 1915 to the "Black Republic" and representatives of the Medical Department of the United States Navy had been assigned to direct the sanitary development of the island. Lucia D. Jordan, assisted by Josephine T. Ray, members of the Navy Nurse Corps, under difficult conditions, had laid a substantial foundation for the first modern school of nursing on the island, but in 1920 were withdrawn. Hence the request of the island government.

Miss Butler, then director of the Nursing Service of the Insular and Foreign Division, secured as director of the School of Nursing at Port-au-Prince Vashti R. Bartlett, whose name and record has appeared in previous chapters, and two others, Anna M. Hansberry and Mary Griffith. These nurses were paid, transported and maintained by the Haitian Government. Miss Bartlett, with her training school experience, energy and enthusiasm and ability to speak fluent French, was especially well qualified for the task.

The little group of three sailed in July, 1921. Olive M. Simons followed later. They found Sisters in charge of the wards. Later, however, the Sisters withdrew from this work and devoted themselves exclusively to the housekeeping. Notes in Miss Bartlett's first report to the sanitary engineer, Commander McLean, indicated some discouraging features:

> There are at present 31 student nurses and about 400 patients. . . . The school having started with a two years' course, the seniors should have graduated in October, but the date . . . is still unsettled pending the result of all examinations and a policy to aid nurses in starting their outside work.

Special duty was considered for the unemployed graduates and at first a salary of $10.00 a week was offered. Opportunities for practical experience in the wards were limited, but facilities for additional experience was secured in a special ward where Sisters had been in control. Suitable class rooms and better sleeping accommodations were secured and lesson plans, the translation of textbooks and the preparation of lectures in French occupied the attention of all the nurses. The future of the graduates continued to trouble Miss Bartlett, as the poverty of the people seemed to preclude any extensive use of qualified nurses. Not the least of the difficulties was a distressing epidemic of smallpox described by Miss Bartlett in a letter, January 28, 1921:

> I am discouraged about the school. The smallpox has almost disrupted the hospital. From 60 to 70 patients are admitted each day and so many nurses are needed for this work that the other branches of nursing are neglected. We do no operating except emergency cases because the patient may break out with smallpox the next day. Some of the cases are awful; those that we do not find for several days come in in bad shape. This morning, for example, three nurses worked for several hours picking worms out of the sores of one patient, and this happens every day. Many times we have to take them out of their eyes. In one ward two days ago, where our illest patients are, we had 14 deaths in 24 hours. I think we have about 600 smallpox patients and, with 14 nurses leaving, it is a question how to give them the care they need, and I fear new nurses will not come with conditions as they are. A few minutes ago they telephoned and asked for two special nurses and I hardly know how to spare them.

Yet Miss Bartlett with characteristic reserve said nothing of the heroic work done by the American Red Cross nurses who worked day and night to relieve the suffering of the poor unfortunates.

After a year of earnest work, Miss Bartlett and Miss

Griffith resigned. Miss Hansberry was appointed director. Olive Simons with Grace White and Sara S. Smith, who had been assigned in November, 1921, completed the Red Cross nursing family.

Early in 1920 the American Red Cross appropriated through the Insular and Foreign Division $10,000 for the purpose of erecting a suitable building as a house and school for nurses in accordance with the suggestion of the Medical Department of the Navy. Plans were submitted to National Headquarters and, with certain minor changes suggested by Miss Noyes, were approved. As a Red Cross Chapter existed in Haiti, a committee from this Chapter was appointed to supervise the construction of the building and the expenditures. This committee included Commander J. M. Minter, M. C., U. S. Navy; Commander A. L. Parson, M. C., U. S. Navy, as well as representatives from the Chapter. The money was made available in the autumn of 1921 and work was immediately begun. The school building grew rapidly and soon the old and tottering building was torn down.

In order to appreciate the discouragements encountered in attempting a project of this nature one must understand the character of the people and the country as well as the historical background. Here Columbus first landed, finding Indians and gold, which the Spaniards coveted and gained. Contact with the white man exterminated the Indian. The negro from Africa was introduced, the beginnings of slavery in the new world. The French occupied the island with reforms and general improvement. In time they disappeared, leaving only their language, until to-day the people are mainly negroes, with some mixed blood. Revolution followed revolution, debt, poverty, misery, banditry and disease existed, accompanied by inevitably low standards of morality. The invited and accepted intervention by the United States in 1915 brought many improvements, among others the School of Nursing, the first of its kind in the island. In 1922 it was but four years old, a mere infant, but growing stronger as indicated by the reports. From the records of the school, as well as from photographs of the student nurses in their trim uniforms, all negroes, a conclusion may be drawn that in spite of many difficulties and discouragements, the work of the American nurses, four of whom are still (1922) there, has not been in vain. They are slowly developing an educational system that will ultimately

give to the island what they greatly need, a well-trained native nursing personnel.

These were steps in an educational program of the American Red Cross. They indicated that the peoples of European and other countries, perhaps through observation of the work done by graduate nurses from other countries during the war, or because of the work of American Red Cross nurses with children and refugees following the war, were intelligently seeking assistance for the purpose of developing their own supply of nurses. And the American Red Cross was becoming painfully conscious of the fact that it could not continue to provide nurses and supplies indefinitely to the stricken countries of Europe. Furthermore, the Red Cross appreciated that its health work, especially for the children, would not be constructive if native nurses were not ready to "carry on" when the American Red Cross nurses had to be withdrawn. The League of Red Cross Societies was also stimulating interest in schools of nursing wherever its Director of Nursing saw and felt that it was practicable. For these reasons the American Red Cross was deeply interested in the organization in these countries of modern schools of nursing. But three years of study through direct participation it realized that educational work of another type must go on.

Quite generally in the countries of Europe and in Haiti, where American Red Cross nurses had conducted classes in Home Hygiene and Care of the Sick, or had established schools, the feeling quite generally existed that routine bedside nursing procedures, the performance of such housekeeping details as scrubbing and scouring, sweeping and dusting should be delegated to servants. The war and the example of graduate nurses did a great deal, however, to change this attitude of mind. In Poland particularly the students caught the idea, and began setting an example that will inevitably break down many age-old traditions. Quite generally the feeling prevailed that the work of the nurse ended with the application of a few surgical dressings; the bathing of the patient, and the making of his bed belong to a servant. Even in Haiti it was noticed that an orderly sent on an errand where a basket or bundle must be carried would press into service for a few pennies a man or woman tottering with age, or a half-starved child, to relieve him of this burden. American nurses "who rolled up their sleeves" and with soap and water and plenty of energy cleaned

up a particularly bad situation not infrequently lost prestige thereby. Until the principle that actual work with one's hands is dignified and honorable and uplifting can be implanted in the minds of the peoples of countries where autocratic forms of government prevailing for centuries have developed sharp class lines, modern schools of nursing or other democratic systems of education will make but slow progress.

In line with other educational work special scholarships were given by the American Red Cross to three members of the committees organized in Italy under the guidance and direction of Miss Gardner. One of these was given to Contessa Balzani of the Rome Committee, one to Signorina Bosio of the Florence Committee, and one to Marchesa Firmaturi of the Palermo Committee. This group reached America in the late summer of 1921. After visiting schools of nursing, public health nursing organizations in Boston, New York, Chicago, Pittsburgh, Washington and Baltimore, they returned to Italy. Scholarships of this nature were developed not only to strengthen the work started under the direction of the Red Cross in Italy, but with the hopes that special efforts would be made toward the establishment of schools of nursing to supply a qualified group of nurses in Italy to supervise, direct and extend the work so well started in that country. Italy, as was the case with many other countries where the Red Cross had operated, was in great need of a qualified nursing personnel in order to continue public health and other nursing activities.

Scholarships had also been given in the year 1920 to two French nurses from the city of Lille, France, to Mlle. Matter and Durrleman, both graduates of the Nightingale School at Bordeaux, for the purpose of studying school administration at Teachers College, New York City. It was their expectation to return to Lille to assist with the organization of a school in that city.

Three additional American Red Cross scholarships had been granted to enable two Italian nurses and one French nurse to attend the course at King's College, London, which was developed by the League of Red Cross Societies.

Although the American Red Cross had been conducting extensive nursing activities overseas since 1914, no representative of the Nursing Service who possessed a knowledge of the entire field had by 1920 reviewed the work. Miss Delano had gone

overseas for this purpose but her illness and death interrupted the plan before it had been begun. In 1920, requests asking that Miss Noyes come overseas were reaching National Headquarters and it was finally decided that she leave in September. Three particular reasons existed for this tour of inspection; first, to inspect existing American Red Cross nursing activities; second, to confer on the nursing aspects of the proposed child health work; third, to advise on the foreign schools of nursing subsidized by the American Red Cross. As president of the American Nurses' Association, Miss Noyes took with her to deliver to the Trustees of the Florence Nightingale School of Nursing the terms of the deed of gift money for the American Nurses' Memorial. Miss Ida F. Butler, then assistant to the director of the Nursing Service, was left in charge of nursing activities at National Headquarters and Miss Noyes sailed on the *Aquitania* on September 21, landing in Cherbourg, France.

After a few days spent in Paris in conference with officials of the European Commission, Miss Noyes and Miss Hay left Paris October 4 for Prague, having arranged an itinerary which included in Poland the cities of Cracow, Warsaw, Bialystok and Posen; in Austria, Vienna; in Serbia, Belgrade; in Bulgaria, Sofia; in Turkey, Constantinople; in Greece, Saloniki and Athens; in Albania, Valona, Durazzo, Tirana and Scutari; in Montenegro, Podgoritza, Danilograd, Ragusa and Zelenika, and in Italy, Florence. The League of Red Cross Societies had, through Miss Fitzgerald, invited Miss Noyes to visit Geneva, to confer on the International League of Red Cross nursing affairs. She wished as well to visit King's College, London, but these visits were later found to be impossible.

During the summer of 1919 the policies which were to govern the future program overseas of the American Red Cross were, as it has been said before, being formulated. Several of the commissioners for foreign service favored the continuation of general and medical relief on national proportions; some few officials desired to narrow the progam to one which embraced only preventive health measures and which utilized the dispensary as the principal operating unit in the field rather than the large surgical hospital. On June 10, 1919, Miss Hay prepared and submitted to Colonel Olds the following memorandum of nursing activities in Poland which clearly shows that an extension of both an emergency medical program,

as evinced in the reference to two thousand beds for Poland alone, and of constructive work of a remedial and educational nature, as evinced by the reference to the establishment of dispensaries and the organization of classes for women, was still being considered by American Red Cross officials overseas:

> *Hospital Work:* With the contemplated establishment of approximately 2000 hospital beds throughout Poland by the American Red Cross, American nurses would of necessity be used only in a supervisory capacity,—one nurse to every fifty patients or more and Polish aides to assist in the actual care of the patients.
>
> *Dispensary and Public Health Work:* These to be established in outlying Polish towns and to consist of one or more physicians and two or three nurses whose duties would be to assist in the dispensary and develop various public health activities as visiting nursing, baby welfare, school visiting and courses in Home Hygiene and Care of the Sick. In such centers, the emphasis would be placed on (a) the thorough grounding of Polish aides in their duties so that they can carry on under Polish physicians; (b) such awakening of local interest in health problems as is possible through various local organizations and through popular instruction of women in Home Hygiene and Care of the Sick.
>
> *Health Education:* The organization of short courses in nursing seems to appear as an important and immediate duty. This educational work falls into three classes: (1) an intensive course for Polish War aides; (2) a course for Polish aides now working under the American Red Cross; (3) a popular course for educated Polish women in Home Hygiene and Care of the Sick; (4) the establishment of schools of nursing along American lines in Poland, to be treated in a later chapter. . . .
>
> At the present time, there are in Poland seventy-eight nurses. It is estimated that a total of one hundred nurses could be well engaged in carrying out satisfactorily the program recommended above.

The necessity for the shifting of the emphasis from a program of general medical and material relief in Europe to a more constructive one of preventive health measures with special emphasis upon the welfare of children, began to be felt and publicly discussed by the American Red Cross officials at National Headquarters in the autumn of 1919. Commissioner Olds in a letter dated July 12 submitted to the chairman of

the Central Committee certain general considerations relating to the future work of the organization in Europe. In this communication he emphasized the gravity of the problem of the children in Europe. In a cable of August 23 to Commissioner Olds, Dr. Farrand recommended a definite plan for the establishment at available points in Europe of "child saving centers," with necessary dispensaries and medical and nursing personnel. The recommendation recognized that the American Red Cross should coöperate with other organizations operating in the field; it further set forth that it would concentrate upon the field of undernourished and neglected children and the prevention of epidemic and disease. In a masterly brief presented October 30, Colonel Olds made the following statement:

> We rest under no illusions concerning our capacity to handle such a situation. It is plain that the American Red Cross cannot possibly assume to take up more than a small part of the burden. In the first place we have never accepted any responsibility for feeding any large groups, even children, and do not propose to do so now. That operation, basic as it is, must continue to be an obligation of governments and of other organizations. On the other hand, we believe the American Red Cross may well undertake a health service for children at various critical points on a scale commensurate with the resources at its disposal. We do not foresee any difficulty in confining our responsibility within any reasonable limits which may be imposed. If permission to proceed is given we are ready to go ahead with a definite plan. It involved the setting up of field units, organized on the simplest and most effective lines, to furnish health service for children.

While some delays must be expected when there is a shift from one program to another, the child health program seemed slow in getting under way. There were doctors, nurses, executives and other workers still in the various countries of Europe, especially in Poland, who were more or less inactive. Medical men, including children's specialists, were being sent to Europe and requests for additional nurses were being received at National Headquarters. Conference followed conference at the Paris office, cables came and went, but still the "curtain did not go up," although the program was there and the actors waiting. A clear-cut plan of detailed organization and operation seemed to be lacking, and what was more significant, the

motive power and force to swing a plan into action in the field was either not there or if there was without authority.

Miss Noyes[10] was greatly concerned by the inaction, especially when she found a group of twenty nurses waiting in Paris for assignment. Having drawn heavily upon the nursing resources of America, where nurses at that time were greatly needed, it was disappointing to her to find so many in Europe still unassigned. This was still more distressing when it could be appreciated that a great opportunity for their services existed; indeed instances were later noted where initiative was actually discouraged on the part of public health nurses because of the lack of knowledge and experience on the part of the individual medical directors and other officials.

In Poland Miss Hay and Miss Noyes found many sore spots. Here again were unassigned nurses; in Cracow but sixteen out of twenty-eight were at work. An effort was being made to use nurses in Warsaw, but here again the announced program was not moving. The need for a well-trained public health nursing supervisor was apparent and a recommendation made to that effect. Miss Mathews had been appointed chief nurse in Poland, but because of a lack of understanding and experience in nursing affairs on the part of the commissioner her position as chief nurse was not only uncertain, but at times unrecognized. It was necessary, therefore, to prepare and present to the commissioner a definite statement defining her relationship to the commissioner, nurses, physicians and other personnel. The idleness of the nurses in Poland was in a measure due to the Bolsheviki Advance in the summer of 1920, which retarded the subsequent development of the child welfare program. The disturbing factor was that in spite of this situation additional nurses were still being requested for Poland.

In Belgrade but one Red Cross nurse was found, Miss Rhobie Whedon, who was then in charge of the Belgrade Orphanage, which was being run under the auspices of the Government. Conferences with Dr. Reeder inspired a recommendation to Colonel Olds that the American Red Cross assist the American Child Welfare Association as far as possible in

[10] Neither Miss Noyes nor Miss Hay regarded themselves as experts in public health nursing, yet their familiarity with the general field of nursing and their experience as administrators had given them preparation as observers and advisors.

securing and maintaining an adequate staff. Later, a generous appropriation was given this organization by the American Red Cross, and Red Cross nurses were selected and sent from America to assist in the development of the child welfare program.

In Constantinople the question of the relationship of the American Red Cross nurses assigned to the Near East Relief to that commission was adjusted. Also as there seemed some probability that the Near East Relief might withdraw from child welfare work and as so fine a beginning had been made by Frances McQuaide and Emma Wood, the former through child welfare stations, the latter through a hospital for tuberculous children and as chief nurse of all nursing activities, the following recommendation was made:

> With the withdrawal of the Near East Commission from child welfare work in Constantinople, it is recommended that the American Red Cross, through its Chapter and commission, should coöperate to have this important work carried on. This child welfare work is in keeping with the European program for 1921, and, already well begun, is proving of great value in the community. Such work also would provide a field for the public health instruction of the pupil nurses of the American Training School, a plan which is most heartily approved by Admiral Bristol and Commissioner Davis, as well as by the hospital authorities.

At that time 120,000 Russian refugees had just arrived on various types of boats, having been driven out of the Crimea by the advance of the Bolsheviki. Among the Russian refugees were a large number of Wrangel's Army. The condition of these unfortunates on board the steamers, with little food and water and almost no shelter, during a period when there was much rain and chilly autumn weather, can well be imagined. They were packed in the boats in such great numbers that it was impossible to relax or even to lie down and rest. The addition of such a large number of people, almost without supplies of any sort, taxed the resources of an already overcrowded city. The utmost effort and good will was displayed by the relief organizations located there and by governmental agencies, but despite that, much suffering ensued. For the sick who were in need of hospital attention the old Russian Embassy, completely equipped with American Red Cross supplies, was hastily

utilized. An adequate supply of Russian nurses and doctors were available to staff the institution, but its support and maintenance had to be provided for from local sources. The American Hospital opened its doors to the American Red Cross personnel who had evacuated Sebastopol, and Russian sick, both soldiers and civilians, were admitted to its wards to the very limit of its capacity. This was but one page in the sad history of the refugee situation in Europe, an aspect of war which brought problems and suffering immeasurable in extent.

Leaving Constantinople, Miss Hay and Miss Noyes proceeded to Greece, stopping first at Saloniki for a day, where quantities of American Red Cross supplies were located. Three American nurses were still in that city, Emily Simonds, Tessa d'Alberti, and Mary L. Boyle, but the American Red Cross relief station there was rapidly being closed and the nurses were soon withdrawn.

Proceeding from Saloniki, Miss Hay and Miss Noyes next visited Athens. It will be recalled that child welfare work had been started in various localities in Greece under the commission but with imperfect success. That undertaken in Athens under Miss Tymon was probably the most enduring in character.

With the closing of the commission in the summer of 1919, the child welfare work was left under the direction of the Patriotic League and with the exception of occasional advice from Miss Zacca in Athens, whose salary was being paid by the Government, was entirely without professional direction. Requests, however, transmitted through Major Dewing, who had succeeded Colonel Capps, were received at National Headquarters, asking for a qualified director for the child welfare work in Greece. The Junior Red Cross had also planned to develop its program, and by special arrangement Kathleen D'Olier, a Red Cross public health nurse and a graduate of the Rochester General Hospital, Rochester, New York, was secured, and acted as the representative of both the Junior Red Cross and the Nursing Service.

Upon her arrival Miss D'Olier began the reorganization of the child welfare work. The Patriotic League was still interested, acting as the intermediary between the government and the work. A group of young women from the best families were trained to act as assistants in the clinics and for home visiting. The city was divided into districts and about seven

hundred well babies were admitted to the clinic. Layettes were provided for the newborn. School nursing was gradually started under the direction of Ellen Inglesaki, a Greek-American Red Cross nurse; Charlotte Heilman, a former member of the Italian Commission, was appointed as her assistant, and Miss Zacca was secured for clinic work. Miss D'Olier resigned in December, 1920, after a year's service, leaving Mrs. Heilman in charge. At the time of the arrival of Miss Hay and Miss Noyes the change in government was causing great concern, and the continuation of American Red Cross child welfare work seemed to hinge entirely upon the attitude of the new Government toward the program. Members of the Patriotic League and the home visitors, sympathizing with Venizelos, were about to resign, feeling that unless they did so, they would be asked to anyhow. The daily supply of milk which had been furnished to the babies had not been provided for two weeks.

A conference with Prime Minister Rhallis was secured. After expressing his deep appreciation of the work he gave assurances that the assistance of the Government would be continued. He expressed his desire that the American nurses deal directly with the Government. Miss Noyes then recommended to Commissioner Olds that the American Red Cross continue its support of the infant welfare station at Athens for six months longer, with the understanding that at the close of this period the salaries of the nurses would be assumed by the Committee of the Patriotic League and the station continued. The recommendation was approved and on July 1, 1922, Mrs. Heilman's salary was assumed by the Patriotic League and she remained in Athens in charge of the station.

During an enforced stop at Vallona, Albania, Miss Hay and Miss Noyes had an opportunity to make some particular observations on health conditions. They were entertained at the Hospital Civile, the only livable place; here only men were in evidence, except in the laundry, where a few native women with but few facilities managed to take "off the rough" and send the sheets and clothing back to the wards sadder and duller in hue than they were when sent. But there seemed to be great possibilities for good work in Albania as well as in Montenegro. In the former at Durazzo, at Tirana and Scutari, nurses were already developing school nursing and home visiting in cooperation with Junior Red Cross school activities, and were giving considerable attention to the ever-present refugee. In

Montenegro, at Podgoritza and at Danilograd, the same type of work was progressing. At Ragusa and Zelonika on the Dalmatian Coast, about 15,000 Russian refugees from Constantinople were gradually being disembarked and were claiming the attention of a relief unit of doctors and seven nurses, three at Ragusa and four at Zelenika. This unit had been temporarily diverted from Montenegro, where they were being sent to develop health work.

The opportunities for child health work in both Albania and Montenegro were evident, and as a number of Red Cross nurses were working in various places in those countries, the following recommendation seemed practical to submit:

> 1. The poverty of this country and crying need of more assistance is everywhere emphatic. Valona, with a good hospital cottage plant, built by the Italians, would seem to be an excellent field for a health unit, carrying out the general policies of the 1921 program.
>
> At Durazzo, Tirana, Scutari, our nurses are doing most useful work. If more health units, however, could be sent to Albania, each of these centers would be a desirable field for the development of various public health activities, at least two nurses being assigned to each unit. The nurses would then have no connection with the Junior Red Cross, except that, as a part of their activities, would be included the care of any school children, or other coöperation desired.
>
> 2. That a chief nurse be appointed, to include in her activities both Montenegro and Albania.
>
> While travel is somewhat difficult, it is believed that this could be quite satisfactorily arranged as a whole.
>
> 3. In the development of the work of any public health units sent there, as also in the present school nursing program, that the public health field organizer, connected with the Paris office, should assist in standardizing the work and raising this to its highest degree of efficiency.

From Ragusa, Miss Hay and Miss Noyes went to Florence, where a conference was held with members of the special committee organized by Miss Gardner for the purpose of arranging that three members be chosen from these committees to visit the United States as guests of the American Red Cross to study nursing education and public health nursing methods. One of the clinics organized under the auspices of the Italian Commission was visited and found to be in an active and efficient state.

Upon the completion of the tour of inspection in late December, 1920, some definite recommendations were presented to Colonel Olds. These were based upon observation of conditions as found in each country by Miss Hay and Miss Noyes. As a full report of the schools has already been given, this section will only treat of observations in general and of child welfare work.

It was urged that nurses not needed for work in connection with the training schools be withdrawn from Czecho-Slovakia. As an instance of the wisdom of this, the case was presented of a group of ten nurses who had been requested for typhus work but who had found upon their arrival that they were not needed. Some of them, indeed, had been given temporary work, most of it excellent in character, but none of it related to the announced program; and two of the nurses were unassigned.

It was a keen disappointment to Miss Noyes that she had to leave Europe without completing final arrangements for the organization of all the proposed schools of nursing. That her visit to Poland probably gave an impetus to the plan is demonstrated by the rapidity with which the project materialized. At the date of writing this history, Bulgaria is still considering the proposition and Greece has not yet replied to the communication of December 1, 1920.

Miss Noyes left the child welfare work, with the exception of Greece, and places here and there where the nurses in a more or less detached manner were doing some good public health work, in much the same condition as she found it. Little progress had been made.

At the close of her tour of inspection Miss Noyes made the following general recommendations to Commissioner Olds:

> Recommended that a supervising nurse for all public health activities in Europe be appointed, who shall be a woman of broad experience and training in all branches of public health, and who shall act as field organizer of all public health activities.
>
> That it is important that personnel houses be arranged in which all American Red Cross personnel should be required to live. It is only fair that if some are required to live in a house, all should be, and people with the right Red Cross spirit have no good argument for holding out against such a requirement. These houses should in every case be made attractive.

Every house should have, as a house mother, a woman of the highest qualifications, who would not only be a good chaperone for the women personnel but who would have the ability to make a most attractive home and to give a diet in which economy and adequacy are satisfactorily combined.

Recommended that the term "health units" be used instead of "medical units."

That salary rates and all perquisites, as, for example, maintenance, uniforms, vacations, etc., should be made as uniform as possible for all women of equal experience and capabilities.

In addition to these general recommendations, Miss Noyes prepared some special suggestions regarding the small health unit, which, under date of January 4, 1921, were presented to Colonel Olds. Extracts are given:

I had begun long before I left America to think in terms of simple working groups. . . . Small nursing groups without elaborate offices or other personnel are in a better position to do constructive public health nursing work than can be done in connection with a big organization. It is the old story of not being able "to see the forest for the trees." I can only say that my views have been strengthened since my tour.

While a health unit of any character may need supplies of food and clothing in order to make the work effective, this should usually be distributed as secondary, and a supply in accordance with local needs be made available. . . .

It is also necessary to recognize that health units may be of several varieties, the character of each depending upon local conditions and facilities. The following types, modified as occasion demands, have occurred to me as practical and possible:

1. Composite unit, such as that suggested for Montenegro, where doctors, nurses, Junior Red Cross and "feeding" personnel work out a joint program with the simplest "overhead organization."
2. A health unit with doctors and nurses which may work out a simple health program of a preventive as well as curative nature,—developing the work through dispensaries that may exist or be developed by the unit.
3. A public health nursing unit without any American Red Cross doctors or office personnel. The head nurse of the unit acting as the manager, financial agent, etc., such as the child welfare unit in Athens.

N. B. This unit is, I believe, securing better results with less expenditure of Red Cross money than any that I have seen.

4. A unit of nurses, possibly Red Cross doctors, although not absolutely necessary as local physicians might be available, supplementing the working of other organizations such as the Hoover Feeding Program; nurses attached to a food station, selecting delicate children, following them to their homes, arranging for treatment if necessary, supplying food, looking into home conditions and general health of family. This was suggested for the Whiting feeding work in Montenegro and seems to offer wonderful possibilities at little expense.
5. The relief unit, such as that at Vienna and Budapest; while not health units, the relief units are so closely related that they can be included in the list.

In any plan, but most particularly the fourth, local facilities, doctors, nurse assistants, dispensaries and coöperation of other organizations should be utilized and sought, and established promptly. Chief nurses, field supervisors and consultant American Red Cross doctors will probably be required.

I am firmly convinced that our work is incomplete and not constructive if we do not make every possible effort for its perpetuation,—building up local interest and initiative, by means of local committees or through organizations already in existence, utilizing local physicians and nurse assistants, urging governmental help such as appropriations, buildings, supplies, etc.

I appreciate the fact that this idea is not new and has been carried out in many places. For example, the three hospitals, Tirana, Scutari, Podgoritza, organized and equipped by the American Red Cross, are being continued in a fairly efficient manner by local authorities. The child welfare work at Athens can, I believe, be entirely carried locally in six months or a year, tapering off gradually.

As I am assuming that you are in sympathy with these views, it seems therefore quite unnecessary to add further arguments. I believe, however, that the simplicity of the small unit resulting in financial saving by reduction of personnel and complicated overhead management, is the strongest argument in their favor.

One last thought: It is quite possible to conduct a health unit without a Red Cross doctor. Athens and Kornik, near Posen, are two good illustrations of this type in Europe. We have some in other countries, and many in America, cooperating with local doctors where indicated. . . .

Upon Miss Noyes's return to National Headquarters the latter part of January, 1921, she found that social workers had been authorized for the child health work in Europe and that Mr. Homer Folks of New York, a recognized authority on social questions, and Miss Margaret Curtis of Boston were to proceed to Europe to advise as to how they might be utilized. Some difference of opinion existed as to the wisdom of introducing social workers into a child health program, limited to a fairly short period. Many of the medical men connected with the Red Cross in Europe had expressed themselves as opposed. They argued that in the general dearth of local agencies through which the social worker is accustomed to function they might not fit into the plan, and that this might prove a source of embarrassment rather than a help. Nevertheless, a group of forty-one social workers was selected and arrived in Europe during the spring and summer of 1921.

After making an official report to Dr. Farrand, Miss Noyes recommended that a public health nurse, recognized as an authority on public health nursing, be sent to Europe to study public health nursing in connection with the child welfare units. She felt that the same type of specialized advice for the nursing service was required as had been deemed necessary for the social service. This request was granted, and Mary S. Gardner was secured and left early in May, 1921, arriving in Paris May 24 and returning September 21. Miss Gardner visited Czecho-Slovakia, Poland, the Baltic States, Austria, Serbia and France; also the cities of London and Constantinople.

At a meeting of the Central Committee held at National Headquarters, January 29, 1921, Dr. A. Ross Hill had been elected vice-chairman in charge of foreign operations. Dr. Hill was a Nova Scotian by birth, had studied in Germany in 1893 and 1894, and the following year had taken his Ph.D. from Cornell. Subsequently he taught in various American universities, the subjects claiming his special attention being psychology and education. In 1907 he was dean of the College of Arts and Sciences at Cornell, and the following year became president of the University of Missouri, a post in which his abilities as administrator came into full play. Dr. Hill laid down his presidential robes after twenty-five years of university service, to come to the American Red Cross. He is a trustee of the Carnegie Foundation, was formerly a member of the

National Research Council, and one time president of the Western Philosophical Association.

On March 12 Dr. Hill, accompanied by Mr. H. S. Bird and Mr. James K. McClintock, left the United States for Europe; Mr. Charles Scott, Jr., followed on a later steamer. They were all members of a body known as the European Inquiry Committee, which had been appointed some months before for the purpose of studying and advising upon the operations of the American Red Cross in Europe. Dr. Hill, with characteristic thoroughness and singleness of purpose, began a study of the existing organizations at the Paris office before he attempted to study that of the separate Bureaus or the field work in connection with this proposed child health program. The result of his study was a report which restated the program of the American Red Cross in Europe and grouped the future operations under two distinct projects:

1. The carrying on of the child health program.
2. The definite liquidation of the general relief program.

After thus establishing a definite working basis, Dr. Hill returned on May 6, 1921, to the United States to present his report to the Central Committee for their consideration. The recommendations were approved and he returned to Europe the first of June to make a study of field work and to install the child health program. Colonel Olds and Colonel Emerson resigned from the European Commission June 30, 1921. Until a new commissioner was selected in August, 1921, Dr. Hill discharged the duties of that office. In August, however, Mr. Ernest Bicknell was appointed as acting commissioner and in November, the Executive Committee appointed him as commissioner.

Miss Gardner completed her tour by September, but did not see Dr. Hill until he also returned to Paris from his survey of the field operations, when they, together with Miss Hay, conferred. This was unfortunate, but under the circumstances could not be helped.

At that time the date for terminating the health work of the Red Cross, while under consideration, had not been fixed. Miss Gardner's observations, however, were made with the knowledge that the work was temporary in character. Intelligent evaluation under these circumstances was very difficult.

As Miss Gardner's report covered the plan of the activities, much of it will be incorporated. In every country she met the majority of the staff nurses both in conference and as individuals. She saw the other American Red Cross personnel and local men and women interested in the work. At that time ninety-eight American Red Cross nurses were in Europe, exclusive of those with the Near East Relief. Miss Gardner's report follows:

> There is a certain similarity in the child health programs of the three more northern countries visited, the Baltic Provinces, Poland and Czecho-Slovakia. Serbia will also be considered with this group because though work in Serbia is carried on by the Serbian Child Welfare Association, the stations are supported by Red Cross subsidy, and the nurses are Red Cross nurses. In all these countries child health stations have been established where American nurses are at work with native doctors, and, in all, attempt is being made to train in a short period of time native young women to carry on the work, after the withdrawal of the American personnel, pending the graduation of nurses from the newly established nurses' training schools. Details differ somewhat. In the Baltic provinces over a hundred child health stations were already established before the arrival of the American nurses. "Swesters," native women possessing varying degrees of nursing experience, are employed for dispensary work (sick and well baby clinics) and home visiting. The work of the American nurses, therefore, in the Baltic provinces will consist not in establishing health stations but largely in teaching this existing group of women the American technique of their work. The American nurses had arrived in the Baltic provinces but a few days previous to my visit, and actual work had not yet begun, though all was in readiness for it.
>
> In Poland the plan is one of demonstration, a nurse and a social worker going to a town for the primary purpose of establishing a dispensary and milk station (possibly also a small hospital if such is needed) and moving on as soon as these needs are obtained, subsequent visits supplying the necessary stimulation to further effort.
>
> In Czecho-Slovakia the program implies the establishment of twenty-two centers (Government geographical units) of a model type, a number of well equipped rooms with laboratory facilities, babies' bathtubs, etc., in addition to the usual dispensary equipment. As in Poland a nurse and social worker work together in the establishment of these centers, but, unlike Poland, the American personnel remains to run the

centers after establishment. In the latter part of June, the time of my visit, none of the centers were in actual operation owing to delays in securing rooms, equipment, etc. The nurses and social workers were, however, for the most part, in their centers, busy about the necessary preliminaries.[11]

In Serbia the problem presented is somewhat different, in that Serbia is essentially an agricultural country. The stations, ten in number, are all located in small villages and serve a large surrounding rural area. At each station are two nurses, one working in the dispensary and one doing the school work and home visiting. Home visits are made by *kola* (ox cart) or on horseback and often involve many hours of travel for a single patient. In Serbia, adults, both men and women, are cared for at the dispensaries and by the visiting nurse.

In all four countries classes are held for mothers and expectant mothers, also for little girls ("little mothers").

The question of governmental support has been variously met. In the Baltic provinces the governments have been asked to make no immediate promises, but to study for themselves the workings of the centers with a view to a later takeover. As the American Red Cross commission to these countries has been peculiarly happy in its relation to the governments and has succeeded in interesting them greatly in its health work, later government support seems exceedingly probable.

In Poland, governmental support has not been sought for various well considered reasons. The work in Poland is carried on largely through a Polish national society, the P. A. K. P. D. (*Polski Amerykanski Komitet Polocy Dzieciom*—Polish-American Society for the Promotion of Children), which has branches throughout all of Poland. It is through the P. A. K. P. D. that the American Relief Association has worked in its big task of feeding the children of Poland.

In Czecho-Slovakia governmental support was assured before launching the program.

In Serbia an interesting situation exists peculiar to the country. The first start of the commission was through local committees of the National Public Health Society, a body which fortunately proved too weak both centrally and locally for the purpose. About the time of my visit it was decided to work instead through the Peasants' Coöperative Society, a strong national organization which has been in existence for twenty-five years for the purpose of coöperative buying, and

[11] Eight centers open Sept. 1.

on which it seems possible to graft a health program, so making use of a familiary organization which has already gained the confidence of the people it serves. Its local committees are composed of the peasants themselves. Though non-governmental, this society is closely allied to the Government.

Austria presents a problem quite different from the four countries already spoken of. Austrians are excellent organizers, and before the war their child health work was of a high standard. The work of the American Red Cross in Austria has been largely confined to subsidy and the supply of hospital and dispensary equipment and the child health stations are already served by women of superior type. The Austrian doctor in charge of the child health stations subsidized by the American Red Cross has, however, asked for the services of an American public health nurse to demonstrate American methods of home visiting. At the time of my visit to Vienna the American nurse had very recently arrived, but the prospect of effective work of this type seemed hopeful.

The effort to train in a short period of time young women to replace the American nurse, pending the time when native graduate nurses will be available, has been in every country the most difficult part of the health programs, and quite naturally so, because the work required of such an individual does not differ from that at present being done by the American nurse who has required years of preparation for the task. Two methods have been used, individual, teaching in the actual field of work, and the opening of courses, four to six months in duration, which are attended by groups of students who live at a central headquarters, and learn through both field and class work the rudiments of health visiting. The girls available have for the most part been somewhat below the grade desirable for the nurses' training schools. Whether this type of woman can, after a short period of training, even partially and temporarily fill the place required of her can only be proved by a longer period of actual experience.

At present, evidence from different localities is conflicting. . . .

Miss Gardner visited the five schools of nursing, all of which, with the exception of the one at Belgrade, had been organized by American Red Cross nurses.

In commenting upon them she stated:

> I will first speak briefly of the training school . . . though not primarily my object of study, but as all public health

work is dependent upon the production of qualified nurses and the present child welfare programs of the various countries all imply some form of trained native personnel for their continuance seemed desirable. . . .

There are many difficulties involved in the starting of a training school in a foreign country, some fundamental and common to all the schools, others more peculiarly local. I feel though that none of these difficulties are insurmountable and that the American nurses engaged in this work are performing a task in the highest degree useful and constructive. . . .

The establishment of training schools would seem in this sense to be in the highest degree constructive, for it is planned to train women who when graduated will take over the responsibility of future development in their own countries. Expenses are already shared or met by the local communities, and the work is everywhere being done with a minimum of American personnel. . . .

Miss Gardner concluded her report with some specific recommendations which, in view of the time consumed in her trip and the peculiar conditions which governed the undertaking, were exceedingly comprehensive and helpful:

The public health programs present a far more complicated problem than the schools. A number of inhibitions to successful accomplishment naturally present themselves.

1. The new programs replace the former infinitely simpler and naturally more popular programs of relief. Such a change is fraught with difficulties in countries brought by war and suffering to the easy acceptance of material assistance.

2. The personnel for the new programs have in many instances not been changed, and men and women engaged for quite other work are now involved in a most difficult form of specialized health work without previous preparation for it.

3. Most of the efforts toward constructive work have been built on the American conception of a local committee, and its assumed feeling of responsibility for community welfare. In some of the countries altruism seems to take other forms,—the military conception of patriotic service, for instance, and a committee composed of the so-called representative people of a community, who themselves derive nothing from the proposed subject, is a less familiar vehicle for sustained helpfulness than Americans always realize.

4. A type of health work which in America and England is of exceedingly slow growth is in Europe being undertaken

within a time limit which would at home be considered prohibitive.

5. Most of the programs are based on the American public health nurse as a vital factor in its accomplishment. None of the countries except perhaps Austria possess her prototype—years of education, training, and discipline have gone into the making of an American nurse, and she cannot be reproduced in any short period of preparation.

6. Possibly most important of all is the different estimate placed in some of the countries upon human life, and especially child life. When all is said and done the saving of an individual child's life is not always considered a matter of great importance, an attitude of mind difficult for Americans to understand but one having a vast influence upon the whole situation.

That these difficulties and inhibitions have been met and overcome as successfully as they have, speaks well for the American workers. The degree of artificial stimulation employed, however, should be a matter for serious consideration. Stimulation has its place, but is only of any permanent value if it can ultimately be withdrawn with safety.

The readiness of the countries to receive the kind of help offered is of course the crux of the whole matter. The fact that such a desire has had to be artificially stimulated in every country but Austria does not necessarily militate against the plan, but clear analysis is made difficult by the fact that a certain amount of material benefit in the way of supplies, subsidy, etc., has necessarily formed a part of the educational effort.

A big piece of demonstration work has been carried on over a wide area of European territory. Many of the demonstrations have been good, some have served their purpose in that they have been closely and intelligently watched by those likely to profit by the object lessons. . . .

For the future, Miss Gardner felt that several courses were open:

1. A complete withdrawal of all American personnel and money within the next ten or twelve months. This could probably be accomplished without loss of Red Cross dignity or prestige if plans were inaugurated at once.

2. A prolonged stay of a number of years with less stimulation and less intensive effort. This would imply a wholly different point of view on the part of the personnel, an attitude more nearly approaching that of the missionaries who

neither seek nor expect immediate results, but who measure success by decades, and who expect to give years of continuous service.

Between these two extremes were two others:

A. After the retirement of the American commissions a limited subsidy could be left to be administered by native groups under certain stipulated conditions.

B. In addition to such subsidy or without it, a tiny American personnel could be left, not more than two or three people, one of whom should be a well equipped public health nurse who would act in an advisory capacity either to the subsidized bodies or to those desiring such assistance.

The last plan, though possessing many advantages, should not, I believe, be unreservedly recommended for all countries. I think the time will soon have come when a cessation of outside stimulation is to be desired. If at the end of another eight, ten or twelve months such an American advisory service is not very generally and sincerely wanted and asked for, it should not, in my opinion, be offered, certainly not for the mere object of tying a string to a subsidy.

The task which confronted the Red Cross administrative workers in Paris, medical directors, nurses and social workers in the field, was monumental. It meant not only the organization of local committees and the building up of local interest, but the physical task of organizing and opening up child health centers. Then there was the work of selecting and training local nurses and health visitors. This entailed special courses for the latter at Cracow, Prague and elsewhere, for the former a preparation by special courses in connection with the new schools of nursing at universities, of which, for example, the school at Dorpat, Esthonia, under the direction of Mrs. Vaughan, was one.

While the child health work had been discussed since early 1920, and its development authorized, a final plan of organization had not been formulated until 1921. However, with the simplification of central administration and with the knowledge that to the American Red Cross, as a member of the European Relief Council and because of surveys made by Red Cross doctors and nurses, had been allocated the medical and social care of the children, gradually the activities seemed to group themselves into two classes:

First. *Child Health Centers.*
Which might be ambulatoria, children's hospitals or children's wards, milk stations, clinics for the examination, weighing and measuring of children, also special areas for intensive pre-natal work, as a community demonstration were included.

Second. *Educational Work.*
Pre-natal and post-natal instruction for mothers, instruction in Home Hygiene and Care of the Sick, care of children, child health propaganda for the general public, and instruction in public health nursing to graduate nurses as in Austria, Baltic States and Czecho-Slovakia, as well as on health visitors at Cracow, in order that personnel should be developed to "carry on" after the withdrawal of the American Red Cross.

Modifications of the general plan were used in each country where the American Red Cross operated. In the main, the field supervision included one or two American doctors, a supervising nurse and a social worker; to the centers were assigned local doctors, an American nurse, also a local nurse where one existed and from two to four student health visitors. From the central office medical, nursing and social direction was given by American personnel, which included well-known specialists such as Dr. J. H. Mason Knox and Dr. Phillip Jeans and also Dr. Hugh Manning for general medical supervision. General nursing direction was given by qualified public health nurses, Mrs. Elsbeth Vaughan for Czecho-Slovakia, Poland and the Baltic States; Miss Sophie C. Nelson for the Balkan States, Austria, Hungary and Serbia. Both of these nurses had been assigned as assistants to Miss Hay in 1921. With this organization a clearer understanding of the work was gradually acquired.

In Austria one hundred and one centers were established. Here, as well as in Hungary, the nurses, with the exception of the supervisors, were natives. In the Baltic States there were by July of 1921 sixty-six centers, in September one hundred and forty, this rapid expansion occurring before the arrival of the American Red Cross nurses. These centers were reduced on January, 1922, to fifty-six, by May of 1922 all the centers were staffed by native personnel. In Czecho-Slovakia twenty-one centers were established. In Hungary there were fifty. In Montenegro eleven were maintained. In

Poland one hundred and fifty-six ambulatoria and sixty-nine centers were organized and when the Red Cross withdrew over twenty thousand children were registered and under supervision and two thousand expectant mothers were receiving practical instruction. In Roumania the American Red Cross work passed through various stages: First, the American Red Cross commission had developed general and medical relief until 1920. Then, upon the withdrawal of the commission, six American Red Cross nurses had been left with Lady Paget's Mission, but were finally withdrawn. Later one American Red Cross nurse, Miss Agnes Von Kurowsky, was assigned to Roumania and worked with the Junior Red Cross until November, 1921. Later the Government assumed the responsibility for the baby clinic at Breaza, which she had supervised. In Serbia the American Child Welfare Association, subsidized by the American Red Cross and supplied with American Red Cross nurses, developed ten stations and conducted a health workers' course. In connection with the work local committees were formed, contracts were made with local agencies and local personnel were trained. In some instances clothing was supplied and layettes in large numbers were distributed. Food was usually distributed, however, through the local or State representatives of the American Relief Association, such as the P. S. K. P. D. of Poland or other agencies.

That Dr. Hill had his mind fixed upon a given date as an objective toward which to work is best told in his own words:

> In organizing the child health centers of the American Red Cross in Europe, it was my notion in July, 1921, that in some countries at least a period of two years would be necessary for effective operation. But by October, after I had traveled over the field and visited the centers already in operation, I reached the conclusion that, while it would probably take more than two years for the American Red Cross to carry the program to a thoroughly satisfactory demonstration, yet in one year it would probably be possible to convince local agencies of the possibility and desirability of their taking responsibility for the continuation of the work. This opinion was confirmed by a conference with Miss Gardner just before her return from Europe.
>
> Accordingly, throughout the year an effort was made to encourage local participation in the program and to develop local agencies and local personnel. From correspondence with the Commissioner for Europe and from the reports of

the directors of field operations, it became clear that the transfer to local agencies by July 1, 1922, was not only feasible but wise, even if that involved the granting of subsidies in some instances to these local agencies for the first year of their operation. Accordingly, the Central Committee at a meeting held February 17, 1922, took the following action:

> That it is the sense of the Central Committee that the Red Cross should conclude its work in Europe, with the exception of certain activities of the Junior Red Cross, on June 30, 1922, this resolution being subject to the following conditions:
>
> I. It is recognized in order to secure the transfer of Red Cross activities to other agencies with the least possible loss of value that the Red Cross may continue a certain amount of supervision and in special cases render temporary assistance of an incidental nature to the agencies taking over these activities, etc.

Of course the action referred to had reference to the child health program only, and did not mean the discontinuance of the work of training nurses, nor of the relief to Russian refugees in Constantinople, nor of the furnishing of medical and hospital supplies to Soviet Russia.

That the personnel worked as a team is demonstrated by the fact that by July 1, 1922, nearly all the field workers were released. The exceptions were certain nurses whose services were in connection with the schools and Mrs. Heilman in Greece. The American Red Cross made provision for Mrs. Heilman's salary until July 1, 1922, a date on which it was assumed locally. The services of Miss Elizabeth Marshall were retained until October, 1922, in Constantinople, where she had been assigned to develop public health nursing for the school of nursing there. Also here and there in Eastern Europe was left a nurse advisor—Mrs. Vaughan for the Baltic States and Poland; Miss Nelson for general supervision of the Balkans, Austria and Hungary; Miss Schaub in Hungary, and Miss Torrance in Czecho-Slovakia. Thus the nurses who had been first in the field were the last to leave. Miss Hay, in spite of her desire "to see it through," had been obliged to return to America June 4, 1922, because of the illness of a member of her family. Mrs. Vaughan was left in general charge. She, however, was also obliged for similar reasons to leave in September, 1922. Miss Nelson thus remained as

the representative of the Nursing Service until such time as it was deemed wise to leave the committees without special advice, and until the last of the field nurses were withdrawn.

The organization of the child health work under the American Red Cross appeared to be slow in getting under way, but the rapidity which characterized its later development and the final withdrawal of the majority of the American workers by July 1, 1922, may well lead to speculation as to its real value and permanency. As a demonstration, even though there may be some criticism of the American Red Cross for trying to develop in a short time under most difficult conditions a type of work that usually required a longer period even in America, we believe it was valuable. The minds of the people were directed towards positive health as an objective. The instruction of thousands of women and girls in personal hygiene, in the care and feeding and proper clothing of children and the emphasis placed by the American nurses by precept and example upon the importance of good nursing service to the sick as well as health nursing cannot have been entirely lost.

The island possessions of the United States also profited by the skill and devotion of American Red Cross nurses. Their services were first called for in 1919 and at the closing date of this history, June 30, 1922, numerous types of nursing activities were in process of active development. Administrative details in connection with this insular nursing service were conducted through the Department of Nursing of the Insular and Foreign Division of the American Red Cross, of which Miss Ida F. Butler was director. The islands in the Atlantic Ocean to which American Red Cross nurses were assigned were Santo Domingo and Porto Rico of the West Indian Group and the Virgin Islands, which were located east of the West Indies; those in the Pacific were the Hawaiian and the Philippine Islands.

When the United States Marines were sent in 1919 to police the Island of Santo Domingo, the Medical Corps of the United States Navy sent a complement of Navy surgeons, sanitary officers and enlisted men with them, and these medical men of the Navy served as sanitary officers of the island. Through them the Dominican Republic called upon the American Red Cross to assign nurses to service there, the Republic to provide salaries, transportation and maintenance, the Nursing Service

to select the nurses, to act as the intermediary for the Government and to advise and direct the nurses' work. From 1919, and up to June, 1922, ten American Red Cross nurses, Mary Muriel Cameron, Marie F. Falconer, Mabel Dershem, Elizabeth Wright, Henrietta Wiltzius, Clara J. Farnsworth, Elizabeth Hunt, Mary E. Shaneman, Agnes Meyer and Elizabeth Miller, were on duty on the island.

The type of service which these nurses met included the reorganization and direction of hospitals, the establishment of dispensaries and the organization of classes of instruction. In addition there was the actual routine of nursing work, in which, under conditions next to impossible, they performed almost superhuman nursing tasks. Some attempt was made to train young women in the principles and practice of nursing, but the chief accomplishment in this field lay in the practical phases and little was done toward the organization of schools or the standardization of nursing education. In the majority of Dominican hospitals the nursing service was under the management of religious Sisterhoods.

The experiences of the nurses were more or less the same, and an extract from a letter written by Miss Wiltzius to Miss Noyes on August 5, 1922, will serve as an illustration of the difficulties under which they all worked. Miss Wiltzius was on duty at the hospital at Santiago. She wrote:

> When I tell you that it is the dirtiest, most neglected place I have ever been in, you can guess that it is terrible, for I have seen and helped "clean up" a few unsightly so-called hospitals before this.
>
> Not one room is in any kind of order. The bedside tables serve as individual medicine cases, clothes lockers and food containers. . . . The sanitary arrangements are unspeakable. . . . Soiled linen, garbage and used gauze are thrown out of the windows or in some corner. When a new bed is needed, it is set up. There is no such thing as spacing the beds at regular intervals in the wards. . . .
>
> The buildings themselves are very nice and when they are painted and connected by covered corridors I think this can be made the prettiest hospital on the island. Located as it is on the outskirts of the town, with the mountains behind it, the situation is ideal.

Miss Wiltzius' advent had not been greeted with enthusiasm by the native doctor in charge of the hospital at Santiago, but

after some weeks "he seems to have ceased," wrote Miss Wiltzius, "to regard the American nurse as a necessary evil and the air is not as frigid as on the first day."

Miss Wiltzius' living quarters were almost as primitive as were conditions in the hospital. She wrote:

> I am living with a very nice native family downtown because the hospital is in an undesirable neighborhood. This family, however, lives at some distance from the hospital but I have a "sea-going hack" which takes me back and forth. The arrangement is satisfactory when it comes, but it is discouraging to have to wait and then walk. The two rooms I occupy are on the street with only one door for ventilation and light. I did feel very "shut in" after Seybo but now that I have a cot and sleep on a balcony, it seems wonderful. Down here on the street I had no air and the dust just pours in. The Marines were very good about getting me "fixed."

Commander I. S. K. Reeves, Marine Corps, United States Navy, whose effort to improve health and sanitary conditions had borne such fine fruit, spoke appreciatively in a letter of June 27, 1922, of the nurses and their work:

> You have sent me nurses of the most superior type. They are a credit to your organization and a pride and joy to mine. I cannot say too much in praise of your choice and take this opportunity to thank you again.

Under the direction of the United States Navy doctors, who acted as sanitary officers, and because of the energetic and devoted work of the Red Cross nurses the hospitals were gradually developed into first-class institutions. Great improvement took place in the nursing care of the sick, and through dispensaries a better knowledge of personal hygiene and health conditions was disseminated.

This last phase of the sanitary program in Santo Domingo was greatly assisted by classes in Home Hygiene and Care of the Sick, which was given by Isabel Hall Basken. Mrs. Basken was a native of the Dominican Republic and a graduate of Lincoln Hospital School of Nursing in New York. In April, 1920, she was appointed as an instructor of this course and was energetic in organizing classes among the women and young girls of that country. In a period of two years fifty were

instructed; forty-one received certificates. Mrs. Basken also translated sections of the textbook on Home Hygiene and Care of the Sick into Spanish.

Another island possession, Porto Rico, asked in the early months of 1921 for a public health nurse. Here there was a well organized Chapter which had been exceedingly active during the war, with Mr. Knowlton Mixer as executive secretary. Kathleen D'Olier, whose fine work in developing the child welfare work in Greece has already been described and who had resigned from that field in December, 1920, was secured. She sailed April 23, 1921, and in her first report wrote:

> The Nursing Center of the Porto Rico Chapter, American Red Cross, opened its office May 31. The staff consisted of the supervising nurse [Miss D'Olier], two staff nurses and two part time doctors. . . . The aim of our work is the reduction of the infant death rate. . . . The death rate among infants under one year in Porto Rico is 146 per 1000 births. . . . The need for the pre-natal clinic is demonstrated by the death of a large number of children before reaching the age of one month, or even one week. . . . While we are chiefly interested in the mother and baby, once we enter a home we make the family the unit of our work.

Miss D'Olier found a virgin field with but few nurses, graduates from the local schools, that might be secured to assist her. The standards of nursing were low. While a registration law existed, its provisions were not maintained or enforced. Miss D'Olier urged Red Cross participation in the organization of a school of nursing at San Juan similar to those sponsored by the Red Cross in Europe. A plan and recommendations were prepared and presented, but these were, at the time of writing, still awaiting confirmatory assurances from the local authorities upon certain points regarded as essential to a coöperative enterprise. After a year's service, Miss D'Olier returned to the United States for conference and a vacation. The climatic conditions and the difficulties incident to a field where 8000 active cases of tuberculosis alone needed attention, the charge of a sanatorium accommodating 87, with a waiting list of 400, made a change and rest advisable. After a month in this country she returned to San Juan.

Two Porto Rican nurses, graduates of St. Luke's Memorial

Hospital School at Ponce, were brought to the United States on Red Cross scholarships. They returned in June, 1922, and were assigned to duty as assistants to Miss D'Olier. This increase of staff relieved in a measure the strain. Miss D'Olier and her staff helped to develop clinics of various types, home visiting and courses of instruction, three phases of the Red Cross program which will unquestionably help to develop a higher sense of community responsibility and a better understanding of good health requirements.

Located some forty miles east of Porto Rico were the Virgin Islands, which the United States had purchased from Denmark on March 31, 1917, with a United States Treasury warrant for $25,000,000.[12] This transaction closed a question which had been an open one for fifty years. Wireless messages were sent on that day to the Danish and American authorities to lower the Danish flags and raise the Stars and Stripes. A representative of the Navy Department was assigned by Secretary Daniels to assume governmental responsibilities until the permanent government had been determined upon by Cruze. The total area of the islands amounted to one hundred and thirty-eight square miles and the total population, according to a census taken in 1911, was 27,086 persons, of whom a large number were negroes. The chief islands of the group were St. Thomas, St. Croix and St. John.

Less than a month after Secretary Lansing had consummated the purchase of the Virgin Islands, the United States declared war upon Germany. Through its Insular and Foreign Division, the American Red Cross subsequently organized Chapters for war work in the newly-acquired territory. When Mr. Frederick A. Moran, a field representative of the Insular and Foreign Division, made a visit in June, 1920, to the Virgin Islands, he found that the Chapters at St. Thomas and St. Croix were still active and were interested in the peace program of the Red Cross. His first report to National Headquarters urged the assignment of two nurses, one to St. Thomas and St. John, the other to St. Croix.

When the sanitary officers of the United States Navy had first come to the Virgin Islands, they had authorized the establishment of schools of nursing. The work incident thereto had not, however, progressed very far and but two native

[12] "The European War," New York Times Current History, Vol. XI, 1917.

nurses had been graduated. With the support of the other physicians, Dr. Mink, Chief Medical Aid, Navy Department, urged the assignment of American Red Cross public health nurses to inaugurate health work in the public schools. Thus the services of the two nurses requested by Mr. Moran were to be utilized in school nursing, which was to serve as an entering wedge until the training school project could be taken up again.

Miss Butler secured Florence C. Freeman and Ruth C. Waterbury to develop the nursing program in the Virgin Islands. Miss Waterbury was a graduate of the Hopkins School and was a highly qualified public health nurse. She was, moreover, familiar with the American Red Cross Nursing Service, because she had served as a nurse member of the Commission for Poland.

The two nurses arrived at St. Thomas on November 4, 1920. Miss Waterbury had been instructed to act as supervisor of all the nursing work in the islands, so she set up headquarters at St. Thomas. Miss Freeman proceeded to St. Croix. Both nurses began immediately the development of the school nursing program.

Their work met with appreciation and success. The *St. Thomas Mail Notes* for June 5, 1921, contained the following statements:

> I would further call your attention to the splendid work in the line of school nursing accomplished in the past year. Of the 1992 children enrolled in all the schools, public, private and parochial, 1701 have been carefully examined and in the cases found defective appropriate action was taken to correct such defects.
>
> For this noble work we are indebted to the Red Cross and most especially to Miss Waterbury of that service, backed most cordially by the Government and medical officers and all school officials.

Inevitably there were many discouragements encountered in a new venture of this type in a recently acquired possession where many of the "left-over" officials from the previous régime were certainly not enthusiastic, if not openly hostile to new methods and the introduction of new systems. Haphazard, easy-going administrations do not constitute the

happiest foundation upon which to build a more rigid, thorough and progressive system.

In the late summer of 1921 Miss Waterbury began to feel the strain and went back to the United States for a rest and conference with National Headquarters. Miss Freeman had resigned the previous May. Miss Waterbury returned to St. Thomas on September 15 and took with her an assistant nurse, Elizabeth S. Robinson, who was assigned to school nursing at St. Croix and Frederiksted. The work at Frederiksted developed so rapidly that another American Red Cross nurse, Alice F. Stenholm, was assigned on January 4, 1922, solely for duty there. As the months passed health centers were established both at Frederiksted and Christiansted in addition to school nursing. Classes were held and native nurse assistants were secured and trained. That the work had local governmental support is shown by the special order issued by the governor, which, under date of September 25, 1921, supported the public health nursing program, announced the appointment of Miss Waterbury as the supervising Red Cross school nurse of all school nursing in the islands and indicated the centers of development as St. Thomas, Christiansted and St. Croix. Some months later Miss Waterbury was asked to serve, in addition to her work as supervisory nurse, as the general field representative of the American Red Cross in the Virgin Islands, an arduous program for one person to carry, but one for which her training and enthusiasm made her well fitted. From time to time the nurses of her staff returned to the United States, for any nursing service in the tropics is a severe one, and new nurses were sent to fill their places.

From the date of Miss Waterbury's return to the Virgin Islands in September, 1921, the nursing activities there developed steadily and by June of the year 1922 the improved condition of the school children well rewarded the nurses for their hard work.

The two groups of islands in the Pacific Ocean in which the American Red Cross developed various nursing activities were the Hawaiian and Philippine Islands.

In Hawaii a local Committee on Red Cross Nursing Service had been organized prior to the war and an active Red Cross Chapter had also rendered conspicuous service during the period of hostilities. When the post-war program in public health nursing was announced the Hilo Branch of the Hawaii

Chapter voted to support it and secured a California public health nurse, Catherine S. Bastin, to develop a community nursing service. Miss Bastin had seen service overseas at Dr. Blake's hospital in Paris and later in the Army Nurse Corps in France.

In a letter written December 20, 1921, Miss Bastin gave an interesting account of her work:

> The work here is of a peculiar nature. Think of twelve nationalities and add to them all the possible mixtures, and what a motley crowd it becomes! Japanese are the predominating people. They are an industrious, quiet, law-abiding race. They have their own customs of long standing and, although very polite to the white nurse, they seldom let me do anything. I am always ushered in and made welcome, but when I suggest a bath or some other treatment for the patient, they only smile and bow and say, "I too much thank you" but I am not allowed to give the bath. The Chinese and Koreans I find most amenable. The Portuguese are dirty and indifferent, as a rule. The Hawaiians do not like to put forth an effort. They have lived very contentedly with their fishing, sweet potato and tarrow patches, and a few fruit trees. Life has always been very simple to them, so why make it complicated by a lot of "newfangled" ideas about food, clothes, and sanitation?
>
> Much of my work has been in the schools as there is no school nurse and that is where the greatest need lies. . . . The infant death rate is very high in these islands, and so I have started a well baby conference, which I hope in time will help to reduce it.
>
> This is too large a field for one nurse, but I can see no immediate prospect for another one coming. . . .

In a communication a few days later, Miss Bastin wrote that she expected to start within a month two classes in Home Hygiene and Care of the Sick. One course was to be given to Hawaiian women and the other, a modified course, was to be conducted in the high school.

Miss Bastin was also much interested in the student nurse recruiting movement and distributed the recruiting literature and posters throughout her territory. By May, 1922, she had developed a well organized and varied program of community service.

In the Philippine Islands prior to the European War, the American Red Cross Nursing Service had organized a Local

Committee for enrollment. The large numbers of American nurses then resident on the islands and the several schools for training native nurses, which had as their superintendents well-trained American nurses, constituted a supply from which the Nursing Service hoped to draw members. An active Chapter has also been organized and previous to 1917 had rendered good service in the field of disaster relief. During the European War both the Local Committee on Red Cross Nursing Service and the Chapter were active participants in the various types of nursing activities and chapter production and when the post-war program was launched the Chapter took up the development of public health nursing and of class instruction to women in Home Hygiene and Care of the Sick.

In December, 1920, Emmet W. White, who as manager of the Insular and Foreign Division, was then on a tour of inspection in the Philippines, cabled National Headquarters, requesting the appointment of a Director of Nursing for the Philippine Chapter. This cable was followed by others from him which suggested various individuals, some of whom were not nurses, others not enrolled nurses. Before Miss Butler and Miss Noyes had succeeded in securing a suitable appointee. Mr. White on February 28, 1921, cabled that he had selected a director. It was found that she had been in the Philippines many years, but was not enrolled in the Red Cross Nursing Service; neither did she meet all the present requirements, and furthermore she was without public health experience or training. Her preliminary training, received many years ago, was good, her knowledge of the Philippines and the people was a decided asset and her spirit and interest were unusual. On the other hand, she lacked a background of Red Cross nursing experience and knowledge of Red Cross organization.

The issue at hand between Mr. White and the Philippine Chapter and Miss Butler and the Nursing Service at National Headquarters then became the old issue of "maintaining standards." Possession in 1922 of the coveted badge and appointment card of the American Red Cross Nursing Service was a definite guarantee to whomsoever it might concern that the owner thereof had successfully met requirements of training, experience and character which placed her among the representative women of her profession. In justice to the many nurses whose applications for enrollment had been rejected, the Nursing Service could not, on the whim of im-

petuous Chapter and Division officials, set aside these definite requirements and enroll any nurse the latter might choose to select. An ironclad regulation of the Nursing Service, a regulation of the greatest protection both to the Chapter and the Nursing Service itself, was that every nurse engaged in American Red Cross nursing service should be an enrolled nurse. Thus the Local Committee at Manila could not recommend nor could the National Committee at National Headquarters ratify the enrollment of Mr. White's appointee as Director of Nursing of the Manila Chapter and the nurse herself was faced with the embarrassing task of trying to develop a nursing service without the aid or supervision of National Headquarters.

The situation which resulted was chaotic. Graduates of schools of nursing in the Philippines which did not meet the requirements for enrollment were employed by the Chapter and called American Red Cross nurses. Courses of instruction for Red Cross aides were given which were not authorized Red Cross courses. These irregularities were not only contrary to all instructions, but in some instances constituted an actual infringement of the law established to safeguard the use of the Red Cross emblem.

The nursing situation in the Manila Chapter was, indeed, little more than the old struggle which had seemingly to be fought over and over again between the leaders of the Nursing Service at National Headquarters and each new commissioner or Chapter official in the field, struggles as wearisome to Miss Delano and Miss Noyes as the repeated accounts of them must be to readers of this history. Commissioners and officials of remote chapters, who had been in Red Cross service comparatively overnight and who did not choose to acquaint themselves with the long-established methods of organization and procedure which had prevailed for many years at National Headquarters, took up their duties with understandable enthusiasm and as a first gesture of their new authority reorganized or initiated anew nursing activities in line with their own and local ideas; as a result they set awry the well-oiled machinery of a long-established professional service. Because nurses were women, each new commissioner or official seemed to think that he could do with them anything he wished. It is seriously to be questioned if the medical phases of American Red Cross service, a fair professional comparison, were so dragged about by the ears as was the Nursing Service. The

executives of the Nursing Service at National Headquarters were answerable to the American Nurses' Association, which had accepted affiliation with the American Red Cross on certain definitely defined "professional prerogatives," and Miss Delano and Miss Noyes strove to defend these prerogatives at cost of much labor and weariness of spirit. Certes, they grew as tired of "fighting for standards" as their opponents must have grown of having them fight! The most discouraging aspect of the whole situation was that it seemed as if every step of the struggle for professional status had, like the embryonic steps in the evolution of the race, to be lived through before a new nursing service could be brought into being.

To return to the Manila Chapter: As the irregularities increased, it finally became evident even to Chapter officials that the services of a well qualified and enrolled nurse should be sent to supervise their nursing activities with as little delay as possible. Accordingly, Virginia Mason Gibbes, a graduate of the Roper Hospital School of Nursing, Charleston, South Carolina, sailed on March 26, 1922, to assume the responsibilities of Director of Nursing for the Manila Chapter. As a member of an enrollment committee, as an instructor in Home Hygiene and Care of the Sick, as a Town and Country public health nurse and as a member of the Southern Division nursing staff, Miss Gibbes had gained a rich and varied background of Red Cross nursing experience. The affairs of the Chapter were also put into more satisfactory alignment with the organization at National Headquarters by the appointment of Mr. Knowlton Mixer some months previously as manager of the Manila Chapter. Like Miss Gibbes, he was experienced in Red Cross organization and policies, and together they began to study the situation and bring the Red Cross activities into line. Miss Gibbes began a study of local affairs, nursing schools, resources and organization as a necessary basis for all Chapter nursing activities.

One of the outstanding difficulties in the Philippines was that the Chapter, by utilizing the services of poorly trained nurses' aides, was depriving the professionally trained nurses on the islands of employment. Miss Gibbes soon reported an apparent over-supply of graduate nurses. She wrote: "Of one hundred and two recent graduates of the ..... School, twenty have no prospect of immediate employment. As far as I can learn, there is no registry for nurses." This lack

of employment was one of the chief inhibitions to the development of professional nursing in the Philippines, and professional nursing service was one of the vital needs there. Miss Gibbes immediately "advised the development of nurses and not nurses' aides," as stated in the Minutes of a meeting held May 12, 1922, of the Executive Committee of the Manila Chapter. In a letter addressed on June 8 to Miss Noyes at National Headquarters, Mr. Mixer announced an important change of policy:

> . . . The Chapter has abandoned its plan of training Red Cross aides. . . . We are using only graduate nurses. . . . I believe our present program is quite in line with your ideas and I am fully convinced that we will obtain better results and cover a wider field of usefulness.

It is true that a few aides were still used in the provinces, but their activities were to be supervised by graduate nurses. In connection with the development of public health nursing in the Philippines, several native nurses came to the United States in 1921 and 1922 for post-graduate courses in public health nursing. Two of them were given Red Cross scholarships and entered the courses at the University of California in San Francisco. Two entered Teachers' College and were prepared to return to Manila to engage in Red Cross work.

While Miss Gibbes and Mr. Mixer were laboring to bring about these changes, an appointment of international interest to nurses had been made in the Philippines. It will be remembered that late in 1921 Miss Fitzgerald had resigned as Director of Nursing of the League of Red Cross Societies. In March, 1922, she was appointed through the Rockefeller Foundation to membership on the staff of General Leonard Wood, then governor general of the Philippine Islands, for the purpose of making a study of nursing resources, schools of nursing and public health nursing in the Philippines and also to act as general adviser to General Wood on all nursing questions. That a nurse should have been appointed as an adviser on nursing affairs to the governor of a state or province was a progressive step forward in the cause of professional nursing and one which may be regarded as a good omen, indeed, in the development of sound nurse education and the betterment of nursing care of the sick.

With the close of the emergency relief and child health programs, the American Red Cross Nursing Service, as it has been said before, withdrew its nurses from the foreign field and left, with the exceptions already mentioned, only the nurses who were conducting schools of nursing in Europe and the Island Possessions of the United States. During the four transitional years in which this close of foreign activities and withdrawal of personnel had taken place, contraction of the organization created to meet the military needs had taken place in the United States. The number of Red Cross Divisions had been reduced from fourteen to five. This contraction was one of administrative machinery alone and was not, in any sense, a lessening of American Red Cross nursing activities in the United States, for the "peace-time" nursing program of public health nursing and class instruction to women was being developed to unprecedented proportions, as may be seen in subsequent chapters.

Death alone had broken the ranks. Jane Delano and Henry P. Davison, outstanding war leaders, had died during this period, both of them from practically the same malady and both of them in their prime. Ida M. Tice, a charter member of the National Committee on Red Cross Nursing Service, and Sophie F. Palmer, a woman whose keen mind had piloted the nursing profession through the stormy waters of registration, one of the first nurses to sponsor affiliation with the American Red Cross and the first advocate, and for fifteen years the guiding spirit of the *Journal,* had died and from among the rank and file, as a direct result of service in the European War, two hundred and eighty American Red Cross nurses.

But the vanguard of the Nursing Service remained and was on July 1, 1922, serenely and powerfully moving on to the fulfillment of its destiny, with an enrollment of thirty-nine thousand nurses and a National, State and Local Committee system of over fifteen hundred nurse volunteers. "It seems," wrote one of these forty thousand nurses pledged to respond upon call for altruistic service, "that when we have once heard and answered the call of the Red Cross, we ever wait and listen, ready to come when needed."

CHAPTER XIV

FROM RURAL NURSING TO THE PUBLIC HEALTH NURSING SERVICE

Outline of Early Growth—Requirements for Applicants—Affiliation Principles Adopted—Growth of Central and Branch Units—Early Affiliations—The Interruption of War—Scholarships.

RURAL nursing, so called, or the extension of the visiting nurse's service to the people of isolated districts, has long been carried on in many countries—in Great Britain and Ireland by the staff of the Queen Victoria Jubilee Institute; in Norway and Sweden by Red Cross nurses; in Australia ("bush nursing") by a nationally organized association; in Canada by the nurses of the Victorian Order, and to some extent by various groups in other foreign lands. In this country a pioneer rural nursing association was founded in 1896 by Ellen M. Wood, a Johns Hopkins nurse, in Westchester County, New York, where she volunteered nursing aid to the country people in her home community. Successful from the beginning, it grew until (by 1920) it had extended over some twenty villages. Miss Wood died abroad (1900) of typhoid fever, contracted on board ship while nursing a sailor smitten with the disease. After her death her name was given to the association.

Another pioneer was Lydia Holman, a Philadelphia nurse, who, having visited the Kentucky mountains, made her home there for some years and carried on an individual service to the Southern Highlanders, living in a little cabin and being supported mainly by the voluntary gifts of food materials brought by her patients. She was later able to develop the Lydia M. Holman Association (1911), her chief assistants being medical members of the Johns Hopkins University and Medical School. This association was, however, not permanent and had been dissolved before Red Cross plans for Rural Nursing had been made public.[1]

[1] Reports of the Holman Association.

In 1905, when the Peace Conference following the Russo-Japanese War was held in Portsmouth, New Hampshire, the envoys of those countries made a gift of $20,000 to the State to be used for charitable purposes. Several persons then tried to have this gift used in establishing a State-wide system of rural nursing, but their efforts failed.[2]

The service carried on under the American Red Cross, first called The Rural Nursing Service, afterwards renamed "Town and Country Nursing Service," and still later the "Bureau of Public Health Nursing," had its inception in the mind of a woman especially distinguished for a combination of nursing talents with social gifts and creative energy. This was Lillian D. Wald, founder and leader of the well-known Henry Street Settlement in New York City, first called the Nurses' Settlement. A New York State woman, graduated from the New York Hospital Training School under Irene Sutliffe, Miss Wald's venture into a mode of life which combined visiting nursing with all the other interests of an ardent lover of humankind and a progressive citizen, has been made widely familiar through her book, "The House on Henry Street." In her long and remarkable service she has done more, perhaps, than any other one American woman to change the conventional form of visiting nursing into those varied civic and community efforts which she was the first to call "Public Health Nursing," thus enlarging Miss Nightingale's phrase "Health Nursing."

Miss Wald has already been mentioned as one of the Red Cross members in New York State before the reorganization of 1904-1905. It has been shown that she gave assistance to the New York Auxiliary during the Spanish-American War, and afterwards remained faithful to the work of enrollment, yet she felt, and expressed, strong dissatisfaction at seeing so popular and potent an organization as the Red Cross limited to the uncertain and irregular service of relief in war or calamity. She reflected that both must in their nature be sporadic, and that if, in time of peace, there were no absorbing interests to hold the enthusiasm of members, they would fall away, and each emergency would need fresh reorganization. Moreover, it seemed to her wasteful to have a national, well-organized society periodically inactive. Foreign Red

[2] "History of Rural Nursing": Fannie F. Clement, *American Journal of Nursing*, April, 1913.



Gray dress, cape and straw hat worn by American Red Cross nurses. This uniform is also worn by American Red Cross public health nurses.

Cross societies had to train and maintain their own nurses in time of peace, but in this country it was different. She conceived the idea that the Red Cross would be the logical association to promote visiting nursing in rural districts and small scattered towns on a national scale, and early in 1908 she had an opportunity to bring her idea forward. There was in that year a meeting at Mayor George McClellan's house in New York City to promote tuberculosis camp work, which, following the International Red Cross resolution at the Convention held in England in 1907, was being taken up by the Red Cross societies of the different countries and states. Miss Wald spoke at that meeting and though she kept no copy of what she said, her plea was along the lines here indicated. It linked well with the anti-tuberculosis campaign in which the Red Cross societies were then ready to take a part, and though no immediate result followed from her address that day, she, herself, waited only for another opportunity to press her point. An influential and generous member of the Board of Incorporators of the American Red Cross was Jacob H. Schiff, one of Miss Wald's family's friends, and through him the following letter from her reached the annual Red Cross meeting in Washington in December, 1910:

> My dear Mr. Schiff:
>
> . . . It seems to me particularly appropriate for the Red Cross society to undertake ultimately in America, an extensive and systematically organized service of nursing for the scattered dwellers in rural regions, such as we now find well developed in Great Britain and in Canada. In the older countries armies of trained nurses are sent into remote country regions to nurse, to educate, to bring scientific, advanced humanitarian and sanitary messages to the public. In America in a few sporadic instances only, are nursing care and protection against infection possible to the sick country person. After developing the day camp, why should not the Red Cross society undertake the organization of a vast, far-reaching scheme of country nursing, getting such support and coöperation as may be possible from the dwellers in mountain, farming or lonely desert regions, coördinating and guiding all, and bringing the help of the nurse to scattered, isolated families. . . .
>
> There could be no larger or nobler work possible to the Red Cross society of a country dedicated to peace, nor could there be a more practical way of enrolling under the Red Cross a

band of faithful and devoted workers held together between disasters for a universal need, an army ready to be enlisted for an extraordinary disaster. I very ardently hope that the National Red Cross society will take up in serious manner the organization of a rural nursing system, that it be national in its scope. . . .

I believe that it would not be difficult to administer a service of this kind even on so large a scale. Headquarters might well be maintained in Washington and a traveling supervisor, a trained nurse [be employed],

In addition to this traveling supervisor, there should be local supervisors and possibly county local chapters to supplement and keep in touch with the nurse or nurses. Support of the nursing organizations should come from the central organizations but money would be obtained from the bodies to be sent into the general treasury. . . .

[There should be] affiliation . . . perhaps federation with all existing societies. This I think would not be difficult to accomplish as the country nursing associations now in existence feel isolated and need the fellowship of similar bodies.

At first it would seem a most difficult matter to obtain suitable women for this work. I believe this is not insurmountable. The very existence of the association on so great a scale would stimulate the nurses in the training school. . . . It would probably develop that scholarships could be given to send specially fitted young women to the post-graduate course at Teachers College.[3] This course was established largely for the purpose of equipping women to do work of this kind. . . .

In my opinion, it would be much more desirable for the Red Cross society to take up this work than it would be to organize another national society, for reasons that are so obvious. I do not think the United States would need much stimulus, for I believe that the cause carries its own appeal.

(*Signed*) LILLIAN D. WALD.

The members present when this letter was read naturally could not decide so large a plan off-hand. The majority opinion was that enrollment and organization should be the chief object of concentration for some time longer, but a subcommittee was appointed to talk the matter over with Miss Wald. No records were kept of its informal and intimate

[3] The post-graduate work at Teachers College here mentioned had developed broadly from its first plan "Institutional Management," but it had not yet undertaken preparation for "Rural Nursing."—ED.

conferences, but the results are evident in later papers. At the annual meeting in December (1911) letters were read indicating that Mr. Jacob Schiff and Mrs. Whitelaw Reid offered generous gifts to establish a fund for a rural health nursing service. Mr. Schiff ultimately promised that if rural nursing was practicable he would give the Red Cross an endowment in securities amounting to $100,000, the income to be used for the service. Until permanently established, he would give $5000 yearly. Mrs. Reid promised an annuity of $1000 and later increased this sum to $2000. At the Executive Committee meeting on December 14, Miss Boardman proposed a special committee with Miss Delano as chairman to make a study of the subject and report. On February 6, Miss Delano made her report and the project for rural nursing was approved in principle and referred to the National Relief Board. A trial year was agreed upon. On November 1, 1912, Miss Fannie F. Clement was appointed superintendent. The year's work was successful. At its end a meeting was held in New York at Mrs. Whitelaw Reid's house, where the continuation of the Service was advised. The endowment was finally accepted, and the Rural Nursing Service renamed and made permanent.[4]

Miss Delano made public mention of the new field at the American Nurses' Association meeting in Chicago, June, 1912. She then said:

> There is one phase of the Red Cross work which scarcely comes in here, but I would ask especially to present to you the possibility or the fact of our rural nursing service, which is soon to be organized and the possibility of the need of many nurses for positions in this service. May I urge upon those of you who may contemplate taking up this work that at the earliest moment you place yourselves in line for some form of experience in nursing of this kind. If this movement is established, we shall need hundreds of nurses throughout the country. I cannot impress upon you too much the importance of carrying this work into the neglected communities; it is work that I am sure will be near the hearts of all of us. Those of you who may consider taking this up, please make arrangements as soon as possible to communicate with the

[4] Red Cross Report, 1913. See letter from the Secretary of War, transmitting this Report to Congress. Document No. 1028, House of Representatives.

> Red Cross and place yourselves in line for experience and instruction.[5]

The Committee on Rural Nursing for the trial year stood thus: Mabel T. Boardman, chairman; Jane A. Delano, vice chairman; Lillian D. Wald, Mrs. Whitelaw Reid, Mrs. William K. Draper, Annie W. Goodrich, John M. Glenn, Wickliffe Rose, Dr. Winford Smith, Surgeon J. W. Schereschewsky, Public Health Service. Miss Clement, the chosen superintendent of Rural Nursing, was, of course, always present as an ex-officio member of the committee, and acted as its secretary, at first informally, then after a year or more by official appointment.

The first meeting of the committee was held November 14, 1912, in Mr. Glenn's office in the Russell Sage Foundation Building, New York City, Miss Boardman in the chair. There were present: Mr. Rose, Miss Wald, Miss Delano, Miss Goodrich, Miss Clement, to whom the direction of the work was confided, and Mr. Glenn. The four nurses present were appointed a sub-committee, of which Miss Delano was chairman, to draw up recommendations, and the next day they proposed as suitable qualifications for applicant nurses:

1. The existing requirements of the Red Cross for enrollment, omitting reference to age.
2. A course of four months (one-half an academic year) under supervision of a recognized Visiting Nurse Association.
3. Recommendation by such association.

The sub-committee also considered the financial basis, and for this they advised the development of scholarships and loan funds, suggesting that loans be made sufficient to cover the expenses of the special training, to be repaid on favorable terms and that a limited number of scholarships be offered. Their suggestions were adopted and the details, as will be set forth later, were agreed upon.

At the annual Red Cross meeting (1912) Miss Delano said:

> Following a resolution passed at the last annual meeting, measures have been taken for the establishment of a Rural Nursing Service. The organization of this work has been placed under a special sub-committee of the National Relief

[5] Proceedings American Nurses' Association, 1912.

> Board, but it is hoped that the Nursing Service committees already in existence will render valuable assistance in securing a personnel for Rural Nursing. A more extended report of this work will be given by Miss Fannie F. Clement, who has recently been appointed Superintendent of Rural Nursing.[6]

With such brevity of words and simple, direct action, a service was begun which led the way to a revolution in health conditions in our neglected country areas.

In her first report Miss Clement outlined the activities to be looked for as a result of the initial year's work, and emphasized the stimulant effect upon educational standards that might be expected. She said in part:

> The Red Cross Rural Nursing Service is to be concerned with nursing the sick in rural communities, carrying instruction along sanitary and humanitarian lines into the homes, and dealing with environment in a way to improve living conditions. It hopes to coöperate with all agencies dealing with questions of individual and public health and the many organizations that in the final analysis have a common object in view.
>
> The unlimited opportunities for humanitarian and educational work to be found in rural communities will appeal to nurses who understand and enjoy country life and people, and who are interested in public health movements and social work.
>
> It is reasonable to expect that the result of such a standard of qualifications will not only assure the best prepared women for rural nursing, but will also influence the establishment of courses in public health work and social service in hospital training schools where such courses properly belong. Women who anticipate rural nursing will eventually look for their training to schools qualified to prepare them to meet the requirements of the Red Cross for this work.

The superintendent began at once to make a survey of all the nursing associations and educational institutions of the country to ascertain where suitable supplementary training and experience in visiting nursing and related work might be obtained.

This survey showed that, of all visiting nurse associations in the United States employing three or more nurses (there were

[6] *The Red Cross Bulletin*, January, 1913.

then about forty associations of that size), training centers where nurses could obtain preparation in public health nursing as deemed necessary by the Red Cross for rural work were few and far between. Only about six visiting nurse associations offered a so-called course, and in most of those there was little class instruction.

Circulars of information were prepared and widely distributed, giving the scope and aims of the venture, and the organized nursing profession was directly appealed to. Miss Clement wrote:

> The Red Cross is dependent largely upon hospital training school superintendents to induce the right kind of women to enter the rural nursing field. Presidents of alumnæ associations, officers of state, county and local nursing associations, nurses' clubs and registries, and the members of Red Cross committees are in a position to lend their influence to aid the Red Cross in its endeavor to build up its Rural Nursing Service. It is important also that they do so if it is to succeed in fulfilling the purpose for which it has been organized.
>
> The call for public health workers must be sounded in every hospital training school, among nursing organizations, and educational institutions, and much remains to be accomplished in providing special training for these workers, opportunities for which are far too inadequate. . . .
>
> The Red Cross will meet the expense of organization and general supervision. In order to maintain a uniform standard of nursing, all Red Cross rural nurses will be under the general direction and supervision of the superintendent. . . .
>
> For rural communities already alive to the advantages of visiting nursing which are looking for a nurse, for those which realize these advantages but need advice as to ways and means of support of a nurse, and for those regions where it will doubtless appear necessary to demonstrate more fully the need of one, the Red Cross Rural Nursing Service stands ready to furnish all possible assistance.[7]

At the end of the trial year (1913) the name "Rural Nursing Service" was changed to "The Town and Country Nursing Service" for reasons to be specified presently. The subcommittee on nursing then became the Town and Country Nursing Committee, and was enlarged to allow representation

[7] *Red Cross Magazine*, July, 1913.

upon it to the three national nursing associations, whose scope and titles have been mentioned in a former chapter.

To the sub-committee as originally formed there were now added Miss Krueger (American Nurses' Association), Miss Nutting (National League of Nursing Education), and Miss Crandall (National Organization for Public Health Nursing). Thus complete coördination of these societies was brought about, as was essential for the solution of such pressing questions as the establishment of new training centers and the adjustment of relations with public health organizations and related bodies. Finally several valued members were added to the committee from the laity. The complete list follows:

Town and Country Nursing Committee:

Mrs. Whitelaw Reid, chairman	Prof. Thomas N. Carver
Jane A. Delano, vice-chairman	Mathild Krueger
Mabel T. Boardman	Edna Foley
Lillian D. Wald	Mrs. Larz Anderson
Mrs. William K. Draper	Mrs. Willard Straight
Annie W. Goodrich	John M. Glenn
M. Adelaide Nutting	Wickliffe Rose
Ella P. Crandall	Dr. Winford Smith

Dr. J. W. Schereschewsky, P.H.S.

To consider the conditions of affiliation with local organizations, with power to act, there was a committee consisting of:

Miss Boardman, chairman	Miss Delano
Miss Wald	Miss Goodrich

Finally, there was the Committee on Education:

Miss Goodrich, chairman	Miss Clement
Mrs. Draper	Miss Wald

Miss Crandall

The coöperation thus arrived at was of great significance, for the steady and unbroken growth of nursing organization had made American nurses a real power. It will be recalled that at the convention of 1911, the Associated Alumnae had broadened into the American Nurses' Association, in 1912 the Superintendent's Society had reorganized on ampler lines to become the National League of Nursing Education, and within its membership and that of the American Nurses' Association

there had been formed the new and potential National Organization for Public Health Nursing, with Miss Wald and Miss Crandall as its first president and secretary. This new body necessarily included many members of the laity, and because of its own vital energy and the demands of the times, promised to have a future of wide scope, while the League of Nursing Education now took the key position of being the one united force responsible for guiding the adequate training of the nurse in manifold new lines. The delicate questions of coördination opening before them were dealt with by Miss Wald in a letter to Mrs. Whitelaw Reid:

December 2, 1913.

. . . . . .

We are in the position of which we have dreamed for years, of promoting and actually establishing nursing for the people throughout the country. I presume all of us are too experienced in the organization of great movements not to expect to make some mistakes, but I have the hope that this great movement for hitherto neglected people will be phenomenally free in this respect. I am tremendously interested in the two organizations recently established, this one and the National Organization for Public Health Nursing. Each has, in my judgment, a distinctive place and should interlock without overlapping. But there seems to have arisen some question of the latter and since the same people are interested in both organizations, that would appear to be avoidable. May I suggest that at the meeting in Washington, so far as possible, the scope of each may be definitely outlined.

In my judgment, the National Organization for Public Health Nursing should maintain the purposes of its constitution. It is in some measure a mutual benefit society, wherein nurses and individuals and organizations that promote the work of nurses may meet together for combined effort. The methods whereby their efforts may lead to mutual benefit are written into the constitution. . . .

It is my hope that the supervision and the central control of the Red Cross society will be so obviously advantageous that gradually every rural and small community nurse will be enrolled under its organization.

I believe that it would be practical and statesmanlike for our committee of the Red Cross to limit its work during its constructive period to the first object that it has set out to accomplish, namely, the promotion of interest in country nursing, and the establishment and supervision of nurses in

country communities and small towns. The difference between the two societies, as I see it, is that the one is for education and mutual benefit, a union of workers and those interested in their work, and the other administrative and supervisory. In my judgment it would seem that our Red Cross Committee ought not to establish educational centers, but that it should send nurses who are to be enrolled in Red Cross work to the educational centers provided by other organizations. It ought to be the business of Teachers College and the National Organization for Public Health Nursing to promote these educational centers in the interest of public health nursing throughout the country. Should these agencies fail to provide proper educational facilities for the Red Cross nurses, our society may eventually be obliged to organize such, but it seems to me that we are dissipating some of our strength by assuming functions which as yet we are not in a position to carry out efficiently.

(*Signed*) LILLIAN D. WALD.

The relationship between the National Organization for Public Health Nursing and the Town and Country Service was defined at a committee meeting in March, 1914, in the following statement:

The National Organization for Public Health Nursing is a general body, including in its membership persons engaged in all forms of public health nursing. It is concerned with developing standards of ethics and technique, maintaining a central bureau of information and issuing regular and occasional publications. . . . On the other hand the Red Cross has undertaken a specialized piece of work, namely, the organization and administration of visiting nursing in towns and country districts, its efforts being directed toward the establishment of a personnel of visiting nurses especially qualified for this work. To this end it assists in the organization of local nursing associations and on the basis of affiliation assigns Red Cross visiting nurses to local organizations wishing to employ a Red Cross visiting nurse. The Red Cross Town and Country Nursing Service represents an effort to standardize visiting nursing in the towns and rural districts and to correlate the work of isolated nurses and nursing organizations under a central body as a means of strengthening to the fullest possible degree their powers to meet most adequately the health needs of their communities. By mutual agreement, the promotion of interest and advice on all visiting nursing questions in small towns and rural communities

> is deflected as far as possible by the National Organization for Public Health Nursing to the Red Cross. . . . The National Organization for Public Health Nursing does not maintain a nursing personnel as does the Red Cross, nor does it assume responsibility in the supervision of the work of visiting nurses. . . . By reciprocal representation, it is made possible for either organization to hold intimate knowledge of the other's activities, and for the two to work together consistently to develop and maintain standards of visiting nursing technique to the ultimate benefit of both the nursing profession and the public at large.

The energy with which Miss Clement and her small staff worked in those first months may be judged by lines taken from the brief records of May, 1913:

> Nearly seven hundred letters enclosing bulletins on rural nursing have been sent to superintendents of all hospitals in the United States of fifty beds and over, asking them to interest pupils in rural nursing.
>
> A request has been sent to one hospital in every large city asking for addresses of local registries, and by this means one hundred and thirty-six nurses' clubs and registries have been informed upon the work.
>
> Circulars have been sent to over four hundred Red Cross nurses enrolled since 1912, to one hundred and sixty-seven members of state committees, and to the chairman of local committees, with the request to interest nurses.
>
> About four thousand, five hundred circulars all told have been distributed.
>
> Several articles on rural nursing have been published in the nursing journals and in one a course of instruction in visiting nursing has been advertised.[8]

The records of January 1, 1914, show the following figures and give the action of committees on points coming before them:

No. of associations affiliated		14
Applications from nurses received		120
No. of nurses appointed	16	
Applications rejected	26	
Preparatory courses arranged for nurses	15	

[8] Minutes of Town and Country Nursing Service Committee, May 5, 1913.

Courses completed	8	
Courses discontinued before completion	2	
Nurses still in training, Jan. 1, 1914		5
Applications pending		10
Eligible for appointment (not including those appointed)		19
Eligible for preparatory courses		27
Scholarships granted		3
Amount of money expended in scholarships	$350.00	
Loans made to nurses		4
Amount of money loaned	199.00	
Supervisory visits		5

By that time the question of affiliation with State boards of health had come up twice. It was talked over at the January meeting of the Town and Country Nursing Committee (1914) and it was agreed that the demands which would inevitably come through such extensive affiliation could not yet be met. The Committee on Education then framed the following resolution:

> This committee recommends that the Town and Country Nursing Service concentrate its effort for the present within a comparatively small area, rather than to undertake work in widely scattered districts, where proper supervision and development are practically impossible.

On March 2, 1914, increased scope was given to the Committee on Education by enlarging its functions to include questions of (1) Organization, (2) Administration, (3) Affiliation. The committee thereupon handed in on March 9, 1914, these recommendations:

1. That for the present, women of high school education be given preference, and that two years of high school be required.
2. That as soon as possible, full high school education be made a prerequisite.
3. That for the present every candidate be obliged to take at least four months' training, except in cases of exceptional women, who might be required to take only theory, allowing their former experience to serve as equivalent for field work included in such course.

The end of 1914 showed figures and statistics of a work as yet only in its incipiency. Alone, these figures express little, but are striking in comparison with later statistics and are valuable as showing the very beginnings, always the records most easily lost in historical files:

December 8, 1914

	No.	*Amount*
Loans		
Loans granted previous to December 1, 1913	3	$ 199.00
Loans granted Dec. 1, 1913, to Dec. 1, 1914	13	1,900.00
Total		$2,099.00
Scholarships		
Scholarships granted previous to Dec. 1, 1913	3	$ 350.00
Scholarships granted Dec. 1, 1913, to Dec. 1, 1914	1	200.00
Total		$ 550.00
Exhibit		
Requests for exhibit	10	
Granted	6	
Nurses		
Total number of nurses appointed Dec. 1, 1913	13	
Nurses appointed Dec. 1, 1913, to Dec. 1, 1914	33	
Total appointments since organizations of service	46	
Appointed nurses receiving preparation under direction of Red Cross	7	

The exhibit referred to in this report was the first one prepared for use by the Town and Country Nursing Service, and after being shown at the International Dry-Farming Congress in Tulsa, Oklahoma, it was taken to the nurses' convention at St. Louis. It was intended for use at conventions and in small communities that were considering public health nursing, as it portrayed in a simple way, by charts and photographs, the daily work of the Red Cross visiting nurse.

A special exhibit on Town and Country Nursing Service was next prepared for the World's Fair in San Francisco (1915). For this a certificate and bronze medal were awarded. Another form of educational work of that year was the traveling library put into circulation on August 3, 1914. Four months after its foundation it had fifty-five books with an aver-

age daily circulation of fourteen. It grew in usefulness and in dimensions until early in April, 1920, when it was discontinued by reason of the very extensive and thorough plans of the National Organization for Public Health Nursing for providing special sources of reference in at least one public library in every state.

The committee work of 1914 was full of planning and preparation; the results of much of this will be met in detail in subsequent pages.

The pressing need for more centers which would offer courses in preparation for the Town and Country Nursing Service was continually dealt with, and a great part of the labor of those early months consisted in correspondence with schools and training leaders all over the country. Several visiting nurse associations were opening their fields of work for practical use, but it was essential that theory, properly presented, should be combined with the practical work. How this problem was met will be told presently.

For the help and interest of affiliated groups as well as for communication between the nurses, the first leaflet, called "The Red Cross Visiting Nurse," was issued on April 12, 1915. "In order" [it said editorially] "that members of the Town and Country Nursing Service as well as affiliated organizations may become acquainted . . . to keep the nurse and affiliated organizations informed . . . every member . . . and every affiliated organization is invited to become a contributing Editor . . ." It was issued several times in multigraphed form, and in September, 1915, it expanded into a printed leaflet, published at the discretion of the superintendent, not at fixed periods. This little bulletin was presently named "The Town and Country Nursing Service" and appeared at intervals until December, 1918, when it was discontinued. The National Red Cross and the various Divisions had meanwhile adopted a similar form for their Bulletins. In January, 1920, the service began publishing a department in "The Public Health Nurse," organ of the N. O. P. H. N., under the title "Red Cross Public Health Nursing."

By 1914 the organizations affiliating with Red Cross Rural Nursing were of a varied nature—Red Cross Chapters, women's clubs, health and welfare societies, Associated Charities, visiting nurse associations and corporations, while their locations brought the Red Cross Town and Country nurse into

Alabama, Arizona, Connecticut, Illinois, Kentucky, Maryland, Massachusetts, Michigan, New Jersey, New York, Ohio, Pennsylvania, South Carolina, Virginia, West Virginia and Wisconsin, thirty-eight in all, the first nurse having received her appointment in July, 1913, to an Ohio village, Cuyahoga Falls. The second one went to Warrenton, Virginia.

The human side, which, after organization has been perfected is ever the all-important side of the work, may be best shown in the graphic reports, narratives and appeals of the nurses engaged in the service. For a comprehensive impression of the chief events as they occurred in the early years the following material has been selected from the reports made by Miss Clement to her committee:

> . . . The effort to begin rural nursing in Laurel, Maryland, first brought up the question of Red Cross coöperation with the Metropolitan Life Insurance Company. This corporation had on the suggestion of Miss Wald already developed an extensive visiting nurse service for its industrial policy holders. An agreement was finally concluded with it by the Red Cross in May, 1913, of which the most essential provision was this:
>
> "The Red Cross is prepared to make an arrangement with the Metropolitan Life Insurance Company in providing nursing care for its industrial policy holders through the Red Cross Rural Nursing Service, this arrangement to include the official endorsement by the Metropolitan Life Insurance Company of regulations for rural nurses authorized by the Red Cross."
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> . . . . . .
>
> The Russell Sage Foundation, through its Southern Highlands Department, was instrumental in bringing about coöperation with the Red Cross in the southern mountains, and early in 1913 before any affiliations with the new Service were made, the superintendent of nurses under the auspices of that department visited five counties in the Kentucky mountains, stopping at the various denominational schools and learning of opportunities for introducing Red Cross nursing.
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> . . . . . .
>
> The Rural Organization Service of the Department of Agriculture coöperated with the Red Cross in 1914. It was among the early organizations to appreciate the part public health nursing was to play in the development of rural life, and in its local demonstration work a group was organized in Chilton County, Alabama, to have charge of a county nursing

system, the first in the state. The committee, constituting as it did one of the very earliest examples of coöperation between public and private interests, is worthy of special note. The Red Cross nurse appointed in March, 1914, was responsible to a county health committee on which served the county health officer, the county superintendent of schools, the county agent of the Farmers' Union and a representative of a leading woman's club. Expenses were met by an appropriation of $500 from the county board, $500 from the school board, and $500 from private sources.

. . . In Alabama there are "beats,"—territorial divisions which include several school districts. A county improvement association with branches in each beat, under a "beat manager," has been organized, each beat subdivided into school districts where a superintendent is head of a small group. . . .

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Industrial nursing early came within the scope of the Town and Country Nursing Service. While a number of the nurses worked in manufacturing towns or villages they were not invariably employed by an industrial concern.

The New Jersey Zinc Company as early as April, 1914, sought Red Cross affiliation. This company for many years has carried on welfare work successfully and when its work extended, a Red Cross nurse was assigned to Palmerton, Pennsylvania. Franklin, New Jersey, where the smelter of this company was located, employed a Red Cross nurse in June of the same year and a nurse was sent to its mining section in Gilman, Colorado, in 1917.

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In 1913, through the generosity of a member of the Committee of the Rural Nursing Service, a nurse was appointed to organize a nursing association in Hazard, a rapidly growing railroad town in the Kentucky mountains. This first effort did not stimulate local support as was anticipated, but when the work was started again in May, 1914, the town contributed toward the nurse's salary and the work continued for a year, during which time a valuable demonstration was made as to what public health nursing may mean to this and other mountain sections. In six months' time the nurse examined all the school children, and found in one small village that seven per cent of the children had trachoma. . . . Through her efforts the state law excluding such cases from the schools became for the first time effective in that part of the state.

. . . . . .

The Bureau of Rural Sanitation of the Virginia State Board of Health, administering funds of the Rockefeller

Foundation, employed a Red Cross nurse to work in the Ragged Mountain section of the Virginia mountains. The physicians who had made the initial survey and administered treatment for hookworm disease had left, and it was the plan to put nurses in the field for follow-up work, teaching practical sanitation from home to home and working under the county health officer in giving further treatment for hookworm. This was a new departure in public health nursing and a promising one, but the funds were withdrawn by the Rockefeller Commission for other purposes, and after several successful months this work was discontinued.

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In a South Carolina community a unique phase of the work of one of the Red Cross visiting nurses has resulted from her appointment, amongst various other duties, as sanitary inspector of washerwomen. Since last March, such workers have been required by law to hold permits. Over seven hundred have applied for permits, and the living and working conditions of over half of them have already been investigated, and permits granted by the nurse.

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The first appointment west of the Mississippi was made in October, 1914, to a typical mining community in Arizona. This represents a pioneer work, for the nurse was the first in the state who had had special training in public health nursing. To the credit of the group responsible for this work in Jerome, it may be said that in order to obtain a nurse thus qualified they volunteered to pay her traveling expenses across the continent. Success in developing her school nursing and general community service played an important part in the extension of public health nursing in Arizona as was frequently attested by the State board of health and State medical authorities.

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The Red Cross visiting nurse in Wisconsin is developing school work particularly, inspecting children in public and parochial schools. After examining several hundred children she found that many had spinal curvature. This condition was reported to the school authorities, who will remedy the faulty seating and desk arrangements. The defective eyesight and hearing, throat troubles, skin and teeth conditions brought to light give convincing evidence of the need of close supervision of the physical well-being of children. Wherever school nurses are employed communities are pretty generally aroused to this fact. Teachers, and parents appreciative of results, are usually most grateful for the attention given the

children by the nurse. She has also been asked to give talks on hygiene in the continuation schools and at the teachers' training school in her community, graduates of which will soon be going out into the rural schools of Wisconsin.

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The State Tuberculosis Committee has been active here [Fulton, Kentucky]. Such associations have always emphasized the importance of the visiting nurse. Indeed, it was the Tuberculosis Associations that first brought the visiting nurse to the forefront and recognized her teaching powers.

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The first county school nursing in Michigan started in March, 1915, under the Kent County Board of Supervisors and the nursing in an adjacent county became affiliated in December of that year. Kent County was the first in the country to apply the idea of health leagues for school children on a county basis and among its several pioneer efforts a dental traveling clinic for county schools was instituted.

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The three county nurses in Michigan are employed by Boards of Supervisors, affiliated with the Red Cross. The area in these several counties ranges from forty to nine hundred square miles. Two of the nurses are known as county school nurses, having supervision of eight thousand to twelve thousand children. While most of the time of the other county nurses is devoted to school work, anti-tuberculosis and infant welfare nursing, and sometimes bedside nursing, are included.

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The two nurses appointed to DeKalb County, Illinois, by the Red Cross (1915) were the first county nurses in that state.

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The Consolidated Coal Company, through its Welfare Department, contracted Red Cross affiliation (1916) and the first nurse was appointed in Jenkins, Kentucky.

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The Anti-Tuberculosis Committee of Greenville, Mississippi, was the first group in that state to seek Red Cross affiliation, while the first Red Cross nurse to be actually assigned to duty was under the Federation of Women's Clubs in Jackson. Through development of the work in these centers the State tuberculosis authorities wrote to the Red Cross in regard to coöperation in developing public health nursing

throughout the state. Circulars issued by this association advocated the employment of Red Cross nurses and of a state nurse who also would be of the Red Cross staff.

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North Dakota made rapid advance in its development of county nursing. The Red Cross nurse appointed to LaMoure County (October, 1916) was a pioneer and her work stimulated others as a letter written by her (July, 1917) indicates. She said: "I am indeed pleased over the prospect of a nurse in Stutsman County. That is our neighboring county to the north. . . . I have just had a letter from the superintendent of schools of Dicky County, our neighbor to the south. In Sargent County, east of Dicky, they are circulating their petition for a Red Cross nurse. . . . Barnes County is employing a domestic science teacher. They promised that if our nurse was a success they would get one too."

. . . . . .

Appointment of nurses for county work is a practice rapidly spreading. Wisconsin has its State law authorizing counties to employ nurses for combined school nursing and anti-tuberculosis work, while a number of other states are about to enact such laws. To be a county school nurse means, usually, that one must be a tuberculosis and infant welfare nurse, an attendance officer, a sanitary inspector, a teacher of hygiene, family adviser and more or less of a general visiting nurse, as well, for the various school districts within the area.

. . . . . .

Dental clinics have been established by several affiliated organizations, and one rural community has started school lunches, which have met with much favor. Nursing in the schools is generally introduced voluntarily on the part of the nursing association. Boards of education soon appreciate its value, and the number of appropriations from school boards made to nursing organizations for services of the nurse in the schools is increasing from day to day.

. . . . . .

Owing to the risk of contracting typhoid fever in country districts, where it is much more prevalent than in cities, and in order to safeguard rural nurses from this disease, the Committee on Town and County Nursing Service now (1914) requires that candidates submit a certificate of immunity from typhoid before appointments are granted. A certificate of immunity from smallpox and a health certificate are also required.

> Infant welfare work is a prominent feature in several of the communities, where mothers' conferences are held regularly. Prenatal visiting, making periodical visits to new mothers and babies, teaching in the home in regard to the care and feeding of infants, discouraging the employment of untrained midwives, all are activities which claim the attention of the Red Cross visiting nurse. In a southern mountain community one of the nurses has organized mothers' helpers' classes, similar to those carried on in some of our large cities. She is also giving weekly lectures on health topics in the schoolhouse of over five villages, to which young and old are welcome. Nurses are sending articles regarding their work to their county or local newspapers, while a number have responded to calls to speak at meetings of parent-teachers' associations, church societies, women's clubs and country life conferences.
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> . . . . . .
>
> Miss Florence Besley has been with the Radcliffe Chautauqua, representing the Red Cross. This plan of including such representation was an innovation, but has proved so successful that the Chautauqua Company has asked the Red Cross (1916-1917) to appoint nurses for several circuits.
>
> . . . . . .
>
> Miss Kuhn, in the mountains of Kentucky, has originated an idea new to public health nursing (1916). She has been holding a health clinic at a Sunday school in her county. It has been so successful that she expects to start another in another section.
>
> . . . . . .

Baby welfare stations were undertaken in several places by Red Cross nurses. Palmerton, Pennsylvania, and Franklin, New Jersey, were the first among Red Cross affiliations to start permanent baby welfare stations, as they are known in cities.

The second traveling exhibit was arranged during the year 1915 and many requests to Red Cross Headquarters testified to its usefulness. The *Bulletin* (September 13, 1915) gives this description of it:

> The exhibit consists of thirteen frames, dimensions two by two and a half feet each, which tell by means of pictures and legends of the activities of the visiting nurse in rural communities and small towns.

> Frames one, two and three picture the nurse preparing for her daily rounds and at work in the homes caring for the sick; four, five and six show the nurse at work in the school; seven and eight are devoted to infant welfare work; nine to sanitary inspection: ten and eleven to tuberculosis work; twelve and thirteen to club and class work as it is frequently organized by the nurse.

The first lantern slide exhibit was prepared in 1914 and circulated widely for two years with excellent results. It had a set of about one hundred views. The later striking amplification of education through the eye in the elaborate moving picture department of the Red Cross Nursing Service was initiated by a two-reel film illustrating its work, which was used by the Government at the San Francisco Exposition (1915) up to December of that year. Duplicates were made and used over the country by the Red Cross. This was one of the first moving pictures for furthering health nursing propaganda. By 1920, the Bureau of Motion Pictures of the Red Cross had three distinct films of the Nursing Department, namely: "Winning Her Way," "In Florence Nightingale's Footsteps" and "Every Woman's Problem."

At the end of this brief outline of the early years of the service, it is appropriate to emphasize the part of the Red Cross in strengthening and multiplying public health nursing centers. Miss Clement's article, "Five Years in Retrospect" (October 31, 1917, ended the five-year period), brings out incidentally this great service of the health organizations of 1912, but few were concerned with rural communities. In training schools and among nurses themselves there was little realization of country health problems, nor, indeed, had the hospitals yet felt keenly the obligation to send out women equipped to carry on the teachings of health preservation.

The visiting nurse associations of the large cities had been the first to realize that more training was needed to cope successfully with the health problems of the home and industry, as they were also the first to endeavor, to the best of their ability, to provide opportunities for such further training.

Miss Clement wrote of the Red Cross influence:

> It was at a time when public health nursing was new alike to the nursing profession, to those responsible for the training of nurses and to rural communities generally, that the Town

and Country Nursing Service was organized. Adopting as its premise that training or experience in public health nursing was necessary for rural health work, the greatest effort during the past five years has been directed toward the supply of adequately prepared nurses. With almost no propaganda among communities, the number of requests for nurses coming to the Red Cross has always exceeded the supply. Numerous organizations, national and local, have been actively disclosing the prevalence of sickness and disease in rural districts and the possibility of better living conditions through the teachings of health nurses. With one or two exceptions, however, none until lately have concerned themselves with increasing the supply of nurses to fill the demand thus created, which is quite another problem and a far more difficult one.

To what extent the Red Cross has been instrumental in stimulating a desire among nurses for rural work, would be hard to tell. Every possible opportunity to reach nurses through the training schools, through nurses' organizations and at nurses' meetings, has been utilized. Thousands of pamphlets dealing with rural nursing have been distributed among the affiliated communities. Many of the Town and Country nurses have written papers or spoken before groups of nurses. Figures showing how many nurses have entered post-graduate training in public health nursing subsequent to correspondence with the Town and Country Nursing Service during the past five years would indicate most concretely, perhaps, the results of this endeavor. Covering this period there have been one hundred and seventeen applicants to the Town and Country Nursing Service who have entered courses in public health nursing, thirty-four of them taking an eight months' course. Since December 1, 1916, twenty-nine applicants have entered courses, thirteen for an eight months' term. The total number represents an increase of ten over last year.

Primarily through the influence of the national societies of nurses, a change in the hospital training school curriculum is gradually taking place in many cities.[9]

The response made to the pamphlets and letters here spoken of included many requests for "affiliation" from small cities which, though not strictly "rural", wished to be included within the scope of the service. It was in order that such towns might be consistently included that the name "Rural Nursing"

[9] "Five Years in Retrospect": Annual Report of the T. and C. N. S., 1917.

was changed to "Town and Country Nursing Service" within the first experimental year. By this change the original purpose and policy of the Rural Nursing Service remained unchanged, but with broadened scope, to include affiliations with nursing organizations in cities that were carrying on country or rural nursing work. At first the limits of a "Town" were not defined, but in March, 1915, it was agreed that a population of 25,000 should be regarded as the maximum sized town with which affiliation be undertaken, and that the service should aim to reach the strictly rural communities first.[10]

This limitation remained in force until 1918.

At the end of the five first years Miss Clement resigned her position of superintendent of the service, having built up her work strongly and well, from its tentative inception. Her resignation, reluctantly accepted, was delayed for some months by the committee. Of the essential quality of her influence and spirit, Mary S. Gardner wrote:

> Because the war brought about such unprecedented development of all American public health nursing work and because the new fields of action so frequently appealed to the dramatic sense, students of the public health nursing movement sometimes fail to give sufficient acknowledgment to those pre-war efforts which alone made possible the later expansion.
>
> During Miss Clement's directorship of the Town and Country Nursing Bureau, all local matters were dealt with directly from Washington, decentralization not having at that time simplified the difficult problems of administration. To deal wisely with the details of a hundred varied situations in as many parts of the United States, demands unusual powers of understanding. Every word of Miss Clement's filed correspondence breathes not only a spirit of intense personal interest, and that sympathetic understanding of widely diverse local conditions leading to wise decisions, but also a love of the work which made it for her a true vocation. Her successor feels that the subsequent success of this bureau of the Red Cross was in large measure due to Miss Clement's quiet and unobtrusive preliminary work. In any estimate of the final achievement of the Public Health Nursing Bureau of the American Red Cross, Miss Clement's pioneer contribution should be recognized to the full degree as important and valuable.

[10] Minutes, March 18, 1915.

Fannie F. Clement was born in Boston and inherited the staunch and conscientious virtues of the pioneer New Englander. She was a Smith College woman (class of 1903); a graduate of the Boston City Hospital School for Nurses and of the Boston Lying-In Hospital; then after three years of private and district nursing she spent the year 1910 in the Social Service Department of the Boston Dispensary, and had also a course at the School for Social Workers in Boston. She enrolled in the Red Cross Nursing Service on April 10, 1910. During the war she was head of the Smith College Unit. Her reports and articles form a complete history of the Rural and Town and Country Nursing Service during her direction of it.

The rest of this chapter will go back, in point of time, to take up the special features of the work as they developed, in sufficient detail for students and serious readers, who may desire to follow each topic through to the date of reorganization.

In the small booklet of printed "Regulations" adopted by the Executive Committee of the Red Cross, December 30, 1912, the rules and requirements for nurses desirous of entering the Rural Nursing Service were given. Their essential paragraphs were these:

> The Red Cross Nursing Service includes a section on rural nursing, established to provide visiting nurses for rural communities.
>
> . . . . . .
>
> A two years' course of training received in a general hospital with a daily average of at least fifty patients during the applicant's training is required. Subsequent hospital experience, or a post-graduate course, may be judged as an equivalent where there is deficiency of previous training. Graduates of state hospitals for the insane are eligible if their experience includes nine months' training in a general hospital either during their course of training or subsequent thereto.
>
> An applicant must be a member of an organization affiliated with the American Nurses' Association, and must have the official endorsement of this organization and of the training school from which she graduated.
>
> In states where registration is provided for by law, rural nurses must be registered.
>
> Training or experience in visiting nursing or some other form of social service is required.
>
> Exceptions to the above qualifications may be made with the approval of the committee in charge.

A four months' course with selected visiting nursing associations is arranged by the Red Cross for nurses who have not had this preliminary training. Where possible, one month of this period will be spent with a visiting nursing association in the country.

These requirements had been agreed upon at a meeting of the Committee on Rural Nursing Service, held on December 10, 1912. One year later (December 9, 1913) they were reissued with the added proviso, moved by Miss Delano and voted affirmatively by the committee, that enrollment with the Red Cross Nursing Service should be made one of the requirements for appointment to the Rural, by that time renamed the Town and Country, Nursing Service.

A number of exceptions to the regulations for general enrollment were then found to be necessary for the admission of nurses to the Town and Country Nursing Service. Such were allowed as to the age limit, uniform, and other details

In 1914 some stiffening of the requirements was agreed upon. To the general hospital regulation it was now stipulated, as already specified in the regulations for enrollment, that such training must have included the care of men. The applicants' school record was taken up for discussion, and the subcommittee on education recommended (October 13, 1914) that two years of high school or its equivalent be required for appointment to the Town and Country Nursing Service until October, 1916, after which a high school diploma or an equivalent to a full high school course, be required.[11]

The standard thus set seemed feasible in view of the academic ratings of the thirty-five nurses in active service, namely:

Common school	8	
High school, one year	3	
High school, two years	2	
High school, graduate	7	(generally 3 yr. course)
High school, equivalent	3	
In doubt	8	
College, two years	2	
College, graduate	1	

Having these figures and the unanimous recommendation in favor of high school requirement of the supervising nurses of

[11] Minutes T. & C. N. S.: Dec. 8, 1914.

the Metropolitan Life Insurance Company, with which the service was coöperating, the Committee on Education voted unanimously to establish this standard as recommended, and at a meeting of the whole committee (March 18, 1915) the step was endorsed, one vote only being cast in the negative. At the same meeting the committee discussed the possibility that the special training might come to be included in the training school period, and with this in mind it was moved by Mrs. Draper and seconded by Miss Wald that the following resolution be sent to the Committee on Education of the League of Nursing Education:

> Inasmuch as the Town and Country Nursing Service cannot meet the increasing demands of communities for nurses, the committee calls to the attention of the National League of Nursing Education the advisability of including in the training school curriculum a special course fitting the nurses for this public health service, the Red Cross recognizing that even to require a minimum of four months postgraduate work is asking a great deal of the nurse after a regular three years' course.[12]

In the meantime, while waiting and hoping for the training schools for nurses to act on the resolution, though the regulation for four months special postgraduate training still obtained, the committee recommended that student nurses be encouraged to take the more thorough preparation offered in the several eight months courses then developing. This policy was followed, even though its adoption by reducing the number of training centers to which applicants for the service could be referred, made more difficult the work at Headquarters in trying to meet the demands upon it. In 1916, with the pressure of war problems then arising, the decision regarding high school was reconsidered, and temporarily discontinued as shown in the following record:

> Of the sixty-nine nurses in the service, twelve have had a grammar school education only, twenty-three one year high school or less than two, twenty-one have had two or three years of high school in advance of grammar school, and thirteen have had four years' high school or more. It was moved by Miss Crandall and seconded by Mrs. Draper that the high

[12] Minutes T. & C. N. S.: March 18, 1915.

school requirement be suspended, but that the question come up for action a year hence. This was voted.[13]

The leaflet of information for applicants, published March 21, 1917, announced the final action on the high school requirement:

> A minimum of two years' high school education or its equivalent is required. Study and experience subsequent to schooling will be taken into consideration when determining an equivalent.[14]

In the same leaflet, candidates for the Town and Country Nursing Service were required to have "attended schools of nursing which included in their courses both theory and practice in obstetrics and the care of children." This, as all nurses know, meant post-graduate training for many, as it was then by no means universal, even in general hospitals, to find these two branches provided. This new requirement of the Red Cross undoubtedly stimulated greatly that process of "affiliation" between hospital nursing schools which was designed to afford every pupil training in these and other important specialties. Another requirement of a different kind met with in 1917 was this:

> A knowledge of driving or riding horses, and more frequently the use of an automobile is necessary.

In 1918 attention was drawn to the personal equation:

> The fact that a nurse meets the educational qualifications and the professional requirements as well, *is not sufficient* to secure her acceptance and assignment by the Bureau of Public Health Nursing. Personality and the ability to manage difficult situations and to carry responsibilities will also be considered.

Regulations of 1917 and 1918 said:

> Certain visiting nurse associations and educational institutions accept as students for a four or eight months' course nurses who wish to prepare for the Town and Country Nursing Service, and who, though otherwise eligible have not had

[13] Minutes T. & C. N. S.: December 12, 1916.
[14] A. R. C. 150, March, 1917.

training or experience in public health nursing. It is expected that their preparation will include several weeks with a rural nurse in order that they may come in direct contact with rural social problems before assuming responsibility in work of their own.

The requirements of 1920 for general enrollment were these:

Nursing Education.

The applicant must be a graduate of a school for nurses giving at least a two-years' course of training in a general hospital which includes the care of men and has a daily average of at least fifty patients during the applicant's training period. Graduates of hospitals for the insane are not eligible for enrollment unless their experience includes at least nine months' training in a general hospital, either during their course of training or subsequent thereto. Subsequent postgraduate training or hospital experience which supplements deficiencies of training may be accepted as an equivalent by the National Committee upon recommendation of a Local Committee on Red Cross Nursing Service.

Registration.

In states where registration is provided for by law, the nurse applying for enrollment in the Red Cross must be registered.

Age Limit.

Applicants must be at least twenty-one and not over forty-five years of age. Exceptions to this requirement may be made by the Red Cross for those enrolling for public health nursing and other special Red Cross service.

. . . . . .

Physical Examination.

A physical examination certificate must be filed with the enrollment application. Immunization against typhoid, paratyphoid and smallpox is also required when an applicant is enrolling for services of a nature which renders such precautionary measures desirable. Blank forms will be supplied for this purpose and the physical examination and immunization treatment will be given without expense to nurses by a physician designated or provided by the Nursing Service.

Enrollment for public health nursing carried these requirements (1920):

Applicants must have had at least two years' high school education or its equivalent and must have attended schools of nursing which include in their courses both theory and practice in obstetrics and the care of children. Special training or experience in public health nursing may be accepted by the Red Cross to supplement deficiencies in hospital training. In addition, applicants must have had not less than eight months' experience on the staff of a recognized public health nursing association under a supervising nurse, or not less than a four months' course in public health nursing in a school acceptable to the Red Cross Bureau of Public Health Nursing. Exceptions to these requirements should be taken up with the Division Director of Public Health Nursing and such applications will be considered on their merits. The fact that a nurse meets the educational qualifications and the professional requirements as well is not sufficient to secure her acceptance and assignment by the Bureau of Public Health Nursing. Personality and the ability to manage difficult situations and to carry responsibilities will also be considered.

While the minimum requirement of the Red Cross for preparatory training is a four months' course, including both theoretical and practical work, experience in the past few years has demonstrated the advantages of nurses having even longer preparation for public health nursing in the smaller communities, where the responsibilities devolving upon the nurse working alone are considerable. There is, in addition, a great demand for nurses who have had a more thorough preparation. The four months' course may be supplemented by theoretical work, such as given in the six weeks' summer course at Teachers College, Columbia University, New York City, and by other special courses offered by this and other educational institutions.

In addition to academic training, eight months' courses, including experience in school nursing, pre-natal and infant welfare work, tuberculosis and industrial nursing, and other branches of public health nursing may be obtained in Boston, New York, Cleveland, and other sections of the country. There are a number of universities or schools offering post-graduate courses in public health nursing which are acceptable to the Red Cross.[15]

A later and briefer statement shows that the hope of having public health training included in the regular hospital had not been realized. It is, in fact, often not practicable, and still oftener even impossible.

[15] A. R. C. 703, Revised, July 15, 1920.

> Public health nursing is a highly developed form of nursing, preparation for which is not included ordinarily in the training school curriculum. It is necessary, therefore, for the nurse who wishes to be successful in this field to undertake a postgraduate course or to secure her training through supervised experience under the direction of a public health nurse instructor.[16]

During the winter of 1912 and 1913 letters of inquiry were sent by Miss Clement to forty Visiting Nurse Associations to learn what course of post-graduate instruction might be offered by them, and what possibility of coöperation there might be in the special training of rural nurses. Replies were received from twenty-six, and arrangements were made by the Red Cross with several, next to be mentioned, whereby applicants who had not yet had suitable experience and who in other respects were qualified, should receive a short course in public health nursing. None of these associations charged tuition. Three of them gave a salary during the special training. Outlines of the available courses were typed by the Red Cross for distribution, and their important details are given below. Many minor points covering uniform, expenses, etc., have been omitted as unessential.

The Instructive District Nursing Association, Boston.[17]

> In response to the increasing demand of the public for nurses qualified for positions in public health work this association offers to nurses of recognized hospitals a post-graduate course of four months in public health nursing. This course is designed to give a basis for any field or social work where nurses are in demand. The variety of field work, lectures and class discussion, shows the relation of nursing to other social activities. Field work consists in nursing the patients under the care of the Instructive District Nursing Association, in preventive work for babies, in work with the Boston Associated Charities, and in the observation of the work of several Boston charities. Three courses deal with the following subjects for which reading is required:
>
> I. History, principles and administration of public health nursing.
>
> This includes the origin of district nursing, its purposes, principles, and methods, records and record keeping, organiza-

[16] A. R. C., 715, Revised, August 1, 1920.

[17] This association had been the first to offer post-graduate training in public health nursing. It had taken this step in 1906.

tion, administration and reports; the development of school nursing, preventive work for babies, tuberculosis nursing, welfare work in shops and factories, hospital social service and rural nursing. Opportunity is given to observe these various branches of nursing.

II. Medical and social relations of disease.

What can be done towards prevention as well as treatment of infant mortality, tuberculosis, alcoholism, venereal disease, neurasthenia and occupational diseases. Proper nutrition of families is considered.

III. Elements of sociology and social progress.

a. Introduction to the social field with special reference to the life of the industrial city family, to get a sympathetic understanding of their lives, their health, education, recreation, labor, politics, religion, ethics, and ideals.

b. Social progress as to health, education, recreation, etc., considering what other agencies are doing and how nurses can best coöperate with them.

Henry Street Settlement, New York City.

The Henry Street Settlement offers a three months' course in public health nursing. . . . Each nurse is assigned to one of the regular Settlement districts, for which she becomes directly responsible. She is expected to assume the nursing of the patients in her district with the same care and enthusiasm that would be shown if she were to remain permanently. In her district or field work, she is under the careful guidance and instruction of her head nurse and supervisor.

Class instruction is given once a week. A talk upon a given subject on one week is followed on the next by a visit of inspection to some institution, this visit being intended to illustrate the talk.

The following outlines represent one of the courses covering three months.

Lesson I. Observation. Inspection of Ellis Island.

Lesson II. Talk, Public Health Nursing in New York City.

Lesson III. Talk. Babies' Welfare Associations. After the lecture, class visits the Settlement Milk Room.

Lesson IV. Talk. Social Service Bureau of Mt. Sinai Hospital.

Lesson V. Staff Meeting. (a) Welcome, by Lillian D. Wald. (b) Organization of the Public Health Nursing Association in the United States, Ella P. Crandall, secretary.

Lesson VI. The Public School Nurse.

Lesson VII. Observation. School nursing in one of the Public Schools.

Lesson VIII. Symposium on Settlements by members of the staff living in various Settlements in the city.

Lesson IX. Staff Meeting. Talk: New York's Milk Supply. (Lantern Illustrations.)

Lesson X. Observation. (a) 79th St. Branch of the Henry Street Settlement; (b) East Side House Settlement.

Lesson XI. Talk. (a) Institutions for the care of tuberculosis patients; (b) Convalescent care.

Lesson XII. Observations. The Rest; Grand View on the Hudson (Convalescent Home of the Settlement).

Visiting Nurse Association, Chicago, Illinois.

The Chicago Visiting Nurse Association gives a three months' course, covering the various branches of public health nursing. Personal attention is given by the supervisor. Weekly meetings are held at the office and daily meetings at the sub-stations.

Detroit Visiting Nurse Association, Detroit, Michigan.

The District Association provides a course of three months, giving the advantage of observation in the several districts with various types of populations, in five dispensaries where Association nurses serve, in the baby welfare field, in tuberculosis work including an open air school, one county and two city sanatoria and in the summer home for mothers and children at Bay Court. Through the Board of Health nurses get in touch with the work of the school nurses.

Practical teaching in the homes will be given chiefly by the senior nurse. Nurses are expected to do general nursing, giving half time to field work.

Richmond Instructive Visiting Nurse Association, Richmond, Virginia.

The Richmond Association provides a three months' course or longer with field work under supervision of the Association. Experience will be given with the staff of nurses doing instructive work in the infant mortality and tuberculosis field, also experience with the medical and sanitary inspectors of the city.

District Nursing Association, Buffalo, New York.

A six months' course for graduate nurses is provided by the District Nursing Association of Buffalo, New York, giving the first months' training in office experience, followed by practical field work under a supervisor for four months, changing districts and nationalities. A three months' course is also given. Through coöperation with the Board of Health experience with the school nurses and tuberculosis nurses is provided. The baby welfare nurses are under the Nursing Association, and experience in this field will be included in a course. Nurses will be given opportunity to attend weekly conferences by the Associated Charities.

Weekly lectures are given on such subjects as the following: Friendly Visiting; Principles of Organized Charity; County Poor Department; Children's Aid and Care; Health Department; School Nursing and Child Hygiene, Children's Court; Truant School; Probation System; Crippled Children's Guild; Settlement Work; District Nursing and Social Service Work.

Visiting Nurses' Settlement, Orange, New Jersey.

This association provides a three months' course to include lectures on social and nursing work, classes in cooking and general instruction in visiting nursing. In classes for the baby clinic instruction is given by a physician.

District Nursing Association, Concord, New Hampshire.

The association provides a three months' course. Experience is provided in connection with courses taken in Chicago, Ill., Concord, New Hampshire, and Richmond, Virginia. It is the intention of the Red Cross to provide at least one month's experience in rural nursing for all nurses who have completed a three months' course with a city organization. Experience in rural work will be provided by the District Nursing Association of Northern Westchester County, New York, and the Nursing Association in Hagerstown, Maryland.

As other associations will be utilized by the Red Cross as training centers for its rural nurses, the foregoing outline is subject to additions at any time. It is hoped that at least one association in every state may become a training center for Red Cross nurses in city and country.

These schedules have been repeated in detail because as pioneer efforts of great sincerity and altruism they deserve

recognition, and also because historically they will serve to measure progress. Even a few years after their origin, the broadening and enriching of their teaching work was marked, in the case of those associations that continued to teach. The Henry Street Settlement, for example, in affiliation with Teachers College, grew to the stature of an eminent educational center. None would now, at time of writing, use the term "course" in connection with their carefully planned field work and instruction, but however they may expand no finer spirit of service can they show than that of their early and eager service. As other opportunities were opened some of the pioneers felt relieved of responsibility.

Soon after these schedules had been published twenty-four nurses had been assigned; twelve to Henry Street Settlement, New York; five to the Richmond Association, five to Boston, and one to Chicago.

This type of preparation through apprenticeships continued for several years (1912-1915), gradually giving way to "courses" of a more genuinely educational character given by universities and colleges.

Not content with simply recommending the existing special courses to its applicants, the Committee on Education, at an early moment, had gone thoroughly into the subject of preparing its own minimum standardized schedules of post-graduate work for the help of training centers. As early as 1914 requests had come from several colleges in the South and West for outlines of courses for Rural Nurses, and tentative suggestions had been submitted in reply. The demand for schedules for suitable courses grew to be insistent, and this at a time when it was difficult even for the leaders in nursing education to formulate the minimum requirements of post-graduate study to fit nurses for this new and rapidly developing field of service. The field itself seemed daily to disclose broader horizons, reaching far beyond those that the ordinary training of nurses had equipped them to meet. To crowd specialized instruction into a four months' post-graduate course soon proved unsatisfactory to the centers trying this method, as well as a severe tax upon the student, and yet while the Town and Country Nursing Service felt early and keenly the need for definite courses as the only sure foundation for the proper development of its work, its recommendations were, of course, subject to the decision of educators. Therefore, while tentative outlines were

sent out by the Red Cross previous to 1915, it was not until March of that year that it definitely sanctioned an outline, and that was for an eight months' course only.

The early outlines, always tentative, were agreed upon by the Committee on Nursing, in two forms: one, the minimum for a four months' course; the second, for an eight months' course.[18] They were sent, always with emphasis laid upon the longer one, to the various groups of institutions which subsequently established training centers. An active correspondence was conducted from Headquarters on the proposed courses, and a general propaganda was carried on, including personal visits to a number of cities. The propaganda was of considerable magnitude, and it may be justly held that the influence of the Red Cross in thus promoting opportunities for advanced training in public health work was very great and constituted the first efforts at standardizing such courses. Miss Clement said of that period:

> The education of the rural nurse was of such vital importance in the early days of the service, that our struggle to locate opportunities for obtaining it never ceased. Our outline of the four months' course was prepared at the time when we first began to insist that a "course" must include academic training and not experience alone. The proposal of a training center to be established by the Red Cross itself, came up before the committees on Town and Country Nursing Service, but it was generally agreed that teaching was the duty of strictly educational institutions and should be left to them.

The outlines of those earliest tentative schedules drawn up by the Committee on Education are here given:

> The minimum training period in preparation for Red Cross visiting nursing is four months, approximately eighteen weeks. It should include class instruction, lectures and visits for observation, together with practical work in connection with well organized public health nursing agencies in city and country.
>
> The academic work of a four or eight months' course given in connection with a university or other educational institution must be in charge of a teacher nurse well grounded in the principles and technique of public health nursing. This part of the course, consisting of class instruction and lectures, should occupy five or six hours weekly. Additional time should be allowed for visits of observation.

[18] Annual Meeting, Committee on Nursing, December, 1913.

Four Months' Course

I. Public health nursing (three hours weekly) to be given by nurse. History, development, principles, equipment, technique, nursing care, surgical nursing, medical nursing, nursing of chronics, nursing of children, nursing of infants, maternities, insurance and industrial nursing, emergencies, free medical service, relief and coöperation, fees, gifts and other related subjects, household hygiene and dietaries, clerical work.

II. Hygiene and Sanitation. (Two hours weekly.)

A general survey of principal health problems of a modern municipality and rural district.

The fundamental principles of sanitary science, their application to water supply and milk supply and to the disposal of sewage and garbage.

Air supply, problems of tenement and factory sanitation, functions and methods of boards of health.

The use of vital statistics as an index of health conditions.

III. Practical Sociology (one hour weekly).

This course should be designed to suggest, with such class discussion as the limited time permits, the important and significant phases of the social treatment of families and individuals. It should include the making of an investigation, keeping of records, recognition of the normal standard of living, enforcement of ordinary family and social obligations, utilization of one's experience with individuals and families in distress as a contribution to movements for prevention and social protection, and other common elements in these various kinds of social work. Reading and special topics for study might be included.

Field Instruction. . . .

The field nursing in its various branches must be under close supervision of experienced visiting nurses. It is imperative that general visiting nursing, school nursing, tuberculosis and infant welfare work should be well organized in the city where the course is offered. During the course student nurses should be given opportunity to learn of board of health activities, what public institutions exist for relief, and the laws relating to health, education and employment of men, women and children. They should attend Associated Charities conferences, where the relief work is well organized and learn of the office routine, methods of family treatment, record keeping and use of the confidential exchange. If a well-organized social service department of a hospital is available, the nurses should visit and learn of its procedure.

Visits for observation to various other social agencies might be included.

Of the fifteen weeks' work spent in the city, eleven might be given to general visiting nursing of surgical, medical, maternity and infectious cases, special attention being given to asepsis, use of household utensils, disposal of used dressings, ventilation, care of room, diet, medication, provision for care between nurses' visits, disinfection, sick room comforts, baths, provision for care of family during illness of a parent, isolation and quarantine precaution, treatment of family problems, coöperation with other agencies, special branches, two weeks in the schools, one week in tuberculosis and contagious nursing, and one in infant welfare work. Record keeping in the various branches of public health nursing should be a subject of special study. If experience in these branches is included in the general work of a visiting nurse association, corresponding allowance should be made in the amount of time devoted for special work in each branch.

The last three weeks should be spent in a rural community, if possible where school nursing is carried on, and where the nurse has developed classes or clubs for young persons, organized mothers' conferences or has been instrumental in developing other forms of social work. It would be well for the nurse to attend a meeting of the local visiting nurse association and to have explained to her the form of organization, duties of committee and methods of financing the work, that she might understand the problems from that side.

Eight Months' Course

I. Public health nursing (see I under four months' course)—Three hours weekly.

II. Nutrition—Two hours weekly.

A non-technical study of the functions and nutritive values of foods, the feeding of families and larger groups with particular reference to nutritive requirements and the cost of food in relation to the family budget.

III. Elements of psychology and their application to nursing problems—Two hours weekly.

IV. Preventive Medicine—Two hours weekly.

Methods of application by nurses of modern scientific medical knowledge in the prevention of disease; the causes of infant mortality, tuberculosis and the more prevalent communicable diseases; alcoholism, feeble-mindedness, insanity, etc., and available measures for prevention and methods of care.

V. Hygiene and Sanitation—Two hours weekly. (See II under "Four months' course.")

VI. Modern Social Problems—Two hours weekly.

An introduction to the study of modern social problems and their relations. Such topics as the following:

Adjustments made necessary by changes affecting the family, property and freedom of contract; the demands for better protection of personal rights in contrast to property rights, emphasized by the growth of the democratic movement; the tendency toward direct action in the affairs of government; the control of industrial conditions in the interest of the common welfare; the adjustment of the educational system to modern needs; the public health movement in its relation to other social problems; the movement through labor organizations and other voluntary associations, or through social legislation and social insurance, to raise and maintain the standard of living; finally the emphasis upon coöperation in contrast to individualism.

VII. Practical Sociology—One hour weekly. (See III under "Four Months' Course.")

VIII. Rural Sociology—One hour weekly.

In March, 1915, the schedule given above was revised in certain details as follows. The new material only is shown:

III. A Study of Mental Processes Involved in the Work of a Nurse with Individuals and Communities—Two hours weekly. (Compare III, Elements of Psychology.)

This course will include definitions and class exercises illustrating certain common mental processes. These will be considered in their connection with the bedside and educational work of a nurse and application made with reference to her approach to individuals, families, classes and other group meetings, as well as to the entire community. Foreign and native populations in their old and new environments will be studied with reference to customs, superstitions and other racial characteristics. Practice in construction of lesson plans and presentation of subject material will be required. Concrete plans for community service will be developed.

VII. Practical Sociology (slightly modified)—One hour weekly.

This course should be designed to suggest, with such class discussions as the limited time permits, the important and significant phases of the social treatment of families and individuals. It should include the making of an investigation, the keeping of records, the recognition of the normal standard of living, the enforcement of ordinary family and social obli-

gations and other elements of social work. Reading and special topics for study might be included.

VIII. Rural Sociology (new)—One hour weekly.

This course is descriptive and sociological in character with a purpose of directing students into practical forms of service. It includes lectures, recitations and a limited number of special papers presented by members of the class. The material used is the Country Life Bibliography on the topics, Church, School, Public Health, Good Roads, Coöperation, etc. A study is made of the history of rural society, its extent, the rural population, size, composition, sources, regional populations; the rural community, types and organization, peculiar communities and peoples, contrasting types, as the individualist and the highly socialized communities, principles of social service, methods and results, specific problems such as poverty, rural health, rural education, the country church, coöperative organization and the method and principle of rural survey for finding the basis of country social service.

To this suggested outline, several training centers having by that time been opened, as we shall see later, the Committee on Nursing added:

> Your committee expects to present for your consideration during the current year a resolution to the effect that only training centers offering eight months' courses shall be accepted as giving satisfactory preparation for Red Cross Town and Country Nursing Service; that a suggestive outline for an eight months' course as herewith presented be endorsed and your Superintendent be authorized to use it.

No sooner had the needs of the Rural Service become evident than Miss Nutting, at the head of the Department of Nursing and Health at Teachers College, Columbia University, took action to meet them.

A special four months' course was established there in the winter of 1913-1914. The practical instruction was worked out in coöperation with the Henry Street Settlement and the District Nursing Association of Westchester County, New York.

Two months were spent in the Settlement, in visiting nursing in the homes; one in the Division of Child Hygiene and Contagious Diseases of the New York Board of Health; one with the public school nurses and in the Tuberculosis Service and

Milk Stations, and one in the rural nursing work. Instruction by means of lectures, conferences and excursions was given twice weekly by Teachers College, as grouped under the three heads: 1, Public Health Nursing; 2, Rural Life Problems; 3, The Application of Preventive Medicine in Nursing.

> Teachers College, said Miss Clement, was thus the first educational institution in the country to offer a course by which graduate nurses could receive academic instruction in rural problems in connection with a short course in public health nursing.

The Boston Visiting Nurse Association (formerly the Instructive District Nursing Association of Boston), followed next to Teachers College in framing a course meeting the special needs of the Red Cross Town and Country Nursing Service. It gave its practical teaching in a "model district" under a competent supervisor. Two months spent in this way were followed by two in preventive work with mothers and babies, and the field work of the Associated Charities, under the guidance of the respective secretaries of those associations. Special provision was made for actual service in rural communities, and special classes and reading on rural problems provided. The lectures and class work covered:

1. History, principles, and administration of public health nursing;
2. Medico-social relations of diseases;
3. Elements of sociology and social progress.

Excursions were arranged weekly to institutions and charitable agencies in Boston. Opportunities were given for observation of industrial welfare work, public school nursing and tuberculosis nursing and prevention.

Similar steps were taken in a number of other localities so that the Red Cross Report covering the year ending November 30, 1916, said:

> Four and eight months' courses have been opened this year in Cincinnati, Columbus and Chicago. The establishment of such courses closely concerns the development of the Town and Country Nursing Service. . . . St. Louis, Baltimore and Iowa City are among centers now organizing general courses in public health nursing. Milwaukee has a three months'

course and several cities, among them Pittsburgh and Detroit, are offering lecture courses for nurses on public health topics. Seventeen nurses have entered upon courses this year. The increased number of nurses desiring to qualify for Red Cross service in the eight months' courses in preference to the shorter periods of training, is a particularly encouraging feature in the development of rural nursing. Ten nurses now taking eight months' postgraduate courses in Boston, New York, Philadelphia and Chicago, will be available for appointment in June.

The results of improved opportunity were shown in the following record:

Out of sixty-six nurses in service in 1916, thirty-three had had special courses including academic training, fourteen having had eight months' courses. Of the total number of thirty-three, fourteen were prepared at Teachers College in conjunction with Henry Street Settlement, four months' course; two were prepared at Teachers College, eight months' course; eight were prepared at Phipps Institute, eight months' course; three were prepared at Boston Instructive District Association in conjunction with Boston School for Social Work, eight months' course; four were prepared at Boston Instructive District Nursing Association, four months' course; one at New York School for Social Work, eight months' course; and one at the Chicago Visiting Nurse Association, four months' course.

Two of these taking the Summer Course, four and eight months' course, and seventeen the four and six months' course given in conjunction with Henry Street Settlement.

Covering about this same period, twenty-two candidates for the Town and Country Nursing Service entered the Boston Instructive District Nursing Association courses given in conjunction with other local agencies. Of these five took the eight months' and seventeen the four months' course.

A year later Columbia University took another advanced step by preparing Teachers College to give special public health instruction to undergraduate nurses during their hospital training.

While it was true that public health nursing in general was becoming more and more seriously developed, yet the concrete specialty of rural work was not always thoroughly dealt with. On this point Miss Clement wrote:

> With one or two exceptions the courses in public health nursing do not include study or experience in rural health and sanitation or practical experience in rural nursing. There is need for such a course for while knowledge of city conditions serves as a good foundation for rural work, some knowledge of rural sociology and familiarity with country life will forestall lessons otherwise to be learned by sad experience. Any one of the present schools of public health nursing, were financial assistance from the Red Cross forthcoming, might willingly provide for specialization in rural nursing.

In 1919, of thirteen educational institutions giving public health nursing courses, two were recorded as giving eight months', four giving four months', and two nine months'. The others gave summer or evening courses.

With the development of the Educational Committee of the National Organization for Public Health Nursing (1917-1918) it was no longer necessary for the Red Cross to give time and labor toward stimulating the establishment of courses in public health nursing, or advising upon the form and contents of their curricula. For then a new committee of the N. O. P. H. N. took over these responsibilities, and employed an educational secretary to carry on its work. Much of the time of this secretary was given to field work, visits to schools already conducting or preparing to open public health nursing courses. The Committee made a study of existing centers with the aim of arriving at a satisfactory basis, and presently announced a minimum standard based largely on the previous models set up by the Red Cross Town and Country Nursing Service. It then gradually compiled a list of schools which maintained this standard and which it endorsed. In 1918 the Town and Country Nursing Service definitely placed the responsibility of endorsement upon the National Organization for Public Health Nursing. By July, 1921, there were ten public health nursing courses fully endorsed by the Educational Committee of the National Organization for Public Health Nursing and nine tentatively endorsed, meaning that full endorsement was to be given when certain qualifications had been met. All of these courses were used by the Red Cross for the training of public health nurses who had been granted scholarships.

The public health nursing courses were established on a sound educational basis. In most cases they were a part of

the curriculum of a leading university and in a few they were developed within a school for social service or social economy. Lectures and instruction of a high order in the theory of public health nursing were thus assured.

The length of the courses was usually one academic year, with the possibility of further specialized or advanced study. A course of four months was also offered for nurses unable to take the longer one.

The work of the courses was divided about evenly into theory, obtained in the university or school, and field work, where the theory was applied. To this end, practice fields were developed or existing facilities utilized to provide supervised experience in the different forms of public health nursing. Thus for four months of study and class room instruction in the principles of public health nursing, medical inspection and school nursing, nutrition, communicable disease control, sanitary science, educational and industrial hygiene, educational psychology and sociology and principles of modern social work, the student spent the full four months in the field putting into practice what the course had taught her. Perhaps the greater part of the time would be spent on the staff of a good visiting nurse association which offered experience in the care of all kinds of illness in the home and in teaching the principles of healthful living, home hygiene and sanitation. Some time would be spent on the staff or at least in observing the work of the school nurses; with the board of health nursing staff, observing methods of communicable disease control and other activities. A definite period of actual family case work would be afforded with a charity organization society so that the nurse might become accustomed to treating the family as a unit and also might gain an insight into social problems and their solution. Experience in methods of infant and child welfare, nutrition, care of delinquents, dependents and other special classes was included either through participation or observation. Some courses provided also a rural field where conditions peculiar to country life might be met.

This incomplete list serves to show how public health nursing education had progressed since the short time when the pioneer district nursing associations provided the only means for public health nursing training.

The process of effecting a working union with local groups prepared to assist in taking up rural work preceded and gave

rise to the present organization of the Town and Country Nursing Service as perfected in its central and related associations, and therefore logically comes next in our text.

As already pointed out, there were few Red Cross Chapters before the World War, nor did these occupy themselves especially with questions of health. It was, therefore, to groups of a different character that the Rural Nursing Committee first turned.

To reach and inform such groups a pamphlet was issued (1913) giving a statement of the aims of the Rural Nursing Service and offering suggestions on how to organize a local nursing association. Local groups were asked to write to Headquarters, and upon request suitable by-laws for their needs and an outline of suggested duties would be forwarded to them. A year later (1914) a revised pamphlet called "American Red Cross Town and Country Nursing Service, General Outline, Form No. 2" contained full information on every point. From those first leaflets only the earliest and later sections historically interesting will be quoted, in order that changes may be traced and the general continuity on main lines made clear.

> It is the purpose of the Red Cross, through its Town and Country Nursing Service, to further the establishment of local nursing associations in order that the services of the visiting nurse may be brought within reach of small towns and country districts of the United States, and through affiliation with local organizations to assist them in promoting the interests of public health nursing. In accordance with this purpose the Red Cross endeavors:
>
> 1. To assist local groups in the organization and administration of nursing associations within its scope when called upon to do so.
>
> 2. To develop a personnel of efficient visiting nurses well equipped by training and experience for visiting nursing in the smaller communities, such nurses to be employed by local organizations affiliated with the Town and Country Nursing Service.
>
> 3. To assist affiliated organizations in maintaining approved standards of public health nursing, and in various ways to help the nurses meet the health needs of their communities more adequately.
>
> The acceptance of a few regulations on the part of local organizations constitutes affiliation with the Town and Country Nursing Service. These conditions have been adopted for

the purpose of establishing some degree of uniformity in the administration of visiting nursing. They consist of standard regulations deemed essential by the Red Cross to conserve the best interests of local nursing associations and the community at large. *All other regulations or recommendations contained in this "Outline" are suggested, not prescribed.*

1. An affiliated organization shall regularly employ such visiting nurses as fulfill the requirements of the Red Cross and are appointed to its Town and Country Nursing Service.

(Although the assignment and dismissal of these visiting nurses is made by the Red Cross, whether they retain their position or not depends upon the recommendation of the affiliated organization by which they are employed, and to which they are directly responsible.)

2. Temporary or substitute visiting nurses employed by an affiliated organization shall be approved by the Red Cross.

3. At least six months' salary shall be assured before a visiting nurse is assigned to duty by the Red Cross.

4. When on duty Red Cross visiting nurses shall wear the uniform and pendant of the Town and Country Nursing Service.

5. The constitution, by-laws, rules and regulations that concern the visiting nursing of affiliated organizations shall be approved by the Red Cross (and before adoption any subsequent alterations or amendments thereto).

6. The designation "in affiliation with the American Red Cross Town and Country Nursing Service" shall always follow titles of an affiliated organization when appearing on publications, record blanks, etc.

7. For each year's service a Red Cross visiting nurse shall be entitled to one month's vacation with pay, during which time a substitute nurse shall be employed. (The Red Cross will endeavor to supply substitutes.)

8. In order to guarantee maintenance of nursing standards, the work of Red Cross visiting nurses shall at all times be subject to inspection by the Red Cross.

9. The nursing of patients by Red Cross visiting nurses shall always be carried on under the direction of a physician.

10. When two or more visiting nurses are employed in one community by an affiliated organization, one shall be designated by the Red Cross as head nurse or superintendent. In such instances it is so advised that provision be made for the nurses to live together, exceptions to which custom shall be approved by the Red Cross.

11. Red Cross visiting nurses shall keep careful records of their patients on report cards provided or approved by the

Red Cross, and an affiliated organization shall submit to the Red Cross duplicates of the monthly reports made by the nurse or report sheets for this purpose.

12. Red Cross visiting nurses shall not attend infectious diseases unless due provision can be made for the care of other patients. (They give instruction in nursing and every possible assistance to families in which such cases occur.)

13. Red Cross visiting nurses shall not act as midwives when medical attendance is available.

14. Wherever an affiliated organization assumes the responsibility of nursing care of industrial policy-holders for the Metropolitan Life Insurance Company, the monthly reports of such visits sent to the office of the company in accordance with an arrangement previously effected, shall be accompanied by bills for the amount to be paid by the company to the Red Cross for the service rendered, the full amount of said bills to be remitted by the Red Cross to the Affiliated organization.

15. An annual report of the work of an affiliated nursing organization made to the Red Cross on special forms furnished for this purpose shall be submitted in January of each year.

16. An affiliated organization shall agree to employ a Red Cross visiting nurse for a period of not less than a year, and to notify the Red Cross in writing of any intention thereafter to withdraw from affiliation one month before it may be discontinued. This agreement is made with the understanding that should the Red Cross deem it advisable to discontinue affiliation it will do so by giving a month's notice of its intention to the affiliated organization.

In 1914 but two changes were made in the "Conditions of Affiliation," namely:

2. If at any time an affiliated organization desires a change of nurses at least one month's notice thereof shall be given to the Red Cross and the nurse employed.

And this proviso was added:

(Conditions of Affiliation are subject to amendment by the Red Cross as further experience may indicate.)

The second article of "Conditions of Affiliation" of 1913 was amplified (1914) to read:

When temporary nursing assistance is necessary, affiliated organizations will engage a nurse who is a graduate of a hospital training school giving at least two years of general medical, surgical and obstetrical training in a hospital having a minimum daily average of fifty patients. An effort will always be made by the Red Cross to supply qualified substitutes.

Of the advantages to local nursing associations of affiliation with the Red Cross, the first circular said:

Upon the affiliation of a local nursing organization with the Town and Country Nursing Service, the latter assumes no financial or other local responsibility, or does it impose any fee. On the contrary, certain benefits are extended to affiliated organizations, made possible by a large endowment fund to be used by the Red Cross for this special purpose.

1. A distinct advantage lies in the assurance that Red Cross visiting nurses have met a definite standard as to character and as to preparation for visiting nursing.

2. The Red Cross meets the expense of a general supervision of its visiting nurses, maintained by occasional visits of the superintendent of nurses and supervisors, and through monthly and annual reports kept by the nurses and submitted by local committees to the Town and Country Nursing Service. This supervision in no way interferes with the responsibility of a nurse to the local organization under which her work is conducted. On the other hand, through these visits, it is made possible for affiliated organizations to obtain helpful suggestions as to methods of administration that have proved of value in other sections of the country.

3. By various forms of assistance given to its nurses, the Red Cross can best serve its affiliated organizations. A traveling library is maintained for their use, including standard works on economic and social problems.

4. In most rural sections nurses are cut off from helpful association with others doing similar work. Both they and their committees often realize that they are handicapped by this isolation, whereas identification with an extensively organized public health agency, as the Town and Country Nursing Service, would give them an added stimulus toward the establishment and maintenance of high standards of visiting nursing. . . .

7. The Red Cross supplies affiliated organizations, without charge, with record cards, receipt books, bedside notes, and monthly report sheets used in connection with the local work

of the nurse. These cards are adapted to the use of small communities. A set of forms to be used in school work has been prepared, and may be purchased by affiliated organizations. Affiliated organizations are not required to use the Red Cross forms where they have preference for others.

8. A supply of visiting nurses' bags and equipment is kept on hand by the Red Cross in Washington. They may be purchased by affiliated organizations.

For the guidance of affiliated societies these rules for the nursing service were sent out:

1. Appointment to the Rural Nursing Service will be for a period of one year, and reappointment may be made for each year subsequent thereto. A nurse may leave during the first three months in the service, but after that time she is expected to remain throughout the year, except in case of serious illness, or when the local committee recommends otherwise.

2. A rural nurse will be given a certificate of appointment and furnished with a Red Cross pendant bearing her appointment number. The latter is to be worn only when she is in regulation uniform of a Red Cross rural nurse, which she should wear while on duty. The pendant remains the property of the Red Cross and must be returned when her connection with the society has ceased.

3. Rural nurses will receive thirty days' vacation annually with pay and this vacation is to be devoted to rest.

4. It is not expected that under ordinary circumstances nurses will be called upon for night duty, but in case of emergency where this is necessary provision should be made for the care of their patients during the day. Patients will be visited on holidays and Sundays when special or immediate attention is required. Except in emergencies the nurse is expected to make visits at night only at the request of a physician.

5. It is advisable that calls for a nurse be accepted from all sources in communities where this plan is practicable, but it should be generally understood that the nursing of patients is always conducted under the direction of a medical practitioner.

6. A nurse is expected to obtain the consent of her committee before answering the call of a physician outside her district and this should only be given when the nurse's other cases permit.

7. Nurses are expected to pay for aprons, uniforms, hats and coats of the pattern prescribed for Red Cross rural nurses.

8. Nurses are not allowed to attend infectious diseases unless due provision can be made for the care of the other patients. They may give instruction in nursing and every possible assistance to families in which such cases occur.

9. They should not act as midwives when medical aid is available, nor under ordinary circumstances be expected to attend normal deliveries. They may answer calls to patients reported any time after confinement.

10. Where two or more nurses are employed in a community, one will be designated head nurse.

11. Nurses should not accept personal presents of money from patients or friends of patients.

12. They should not attempt to influence the religious or political opinion of patients, to influence patients in the choice of a physician, or prescribe for patients or dispense drugs except under directions of a physician.

13. Nurses are not allowed to solicit in any way for commercial interests with which the Red Cross through local organizations coöperate in the care of the sick.

14. Giving of material relief is outside the sphere of the visiting nurse, and cases requiring such aid should be reported to the committee or directly to an agency in the community whose province it is to provide for such needs. The nurse, however, should be provided with means for relieving emergency need until such time as her committee or the relief agencies can act. This "emergency fund" might also be increased to include extraordinary expenses such as a night nurse, or a relief nurse, or the transportation of a patient when necessary.

15. Rural nurses are expected to keep careful records of their patients on report cards provided by the Red Cross for this purpose.

16. To avoid leaving verbal messages with patients or their friends when not able to communicate directly with the physician, the nurse should do so in writing, and in order to protect both patient and the nurse it is hoped that under similar circumstances the physician will observe the same rule.

17. Nurses should be held responsible for property loaned by the local board of patients, and they should take a receipt for the same, seeing that it is returned in good condition.

18. Nurses are expected to share in the responsibility of local committees in every way, to protect their property and practice economy in the use of supplies.

19. Nurses will be under the general supervision of the Red Cross, which will be maintained by occasional visits of

the superintendent of rural nurses and through their monthly and annual reports submitted by local committees. This supervision will in no way interfere with the responsibility of the nurse to the local board under which her work is conducted.

20. Enrolled Red Cross nurses form the nursing reserve of the Army and Navy. They are called upon for duty only in time of war and for emergency work during calamities or national disasters. Enrolled Red Cross nurses may be appointed as rural nurses, in which case they will not be subject to call for emergency work outside their own community.

21. Rural nurses, although primarily responsible for the efficient care of patients, are expected to take an active interest in families, teaching by instruction and demonstration the principles of hygiene as applied to their homes and surroundings as well as of person. They should know the health laws and what opportunities exist in their community for the improvement of unsanitary and other unfavorable conditions in which the patients live. They should be informed upon social matters and avail themselves of educational advantages within their reach to enable them to meet more adequately the needs of their people. With the support of an able and enthusiastic committee, they have unlimited opportunities for constructive work through the homes, interested individuals, private societies, country schools and other public institutions.

The foregoing conditions and regulations are subject to amendment as Red Cross rural nursing develops.

Affiliation with societies organized on the state-wide plan was a question of frequent recurrence. It had been considered premature in 1914. In 1915 it still seemed so, but a beginning was then made. The *Bulletin* of November 17, 1915, said:

> It would be impracticable for the Red Cross to contract affiliation with State organizations in which cases it would be impossible to meet its obligations thereby assumed to supply qualified visiting nurses. The Red Cross, however, as far as it can, will appoint nurses for local work at the instigation of State organizations to communities where local Red Cross affiliation with the nursing organization or committee is accomplished.

An important reservation made in 1916 was upon the relationship with relief-giving societies. It was finally decided that such affiliation should not be entered into, as it was held to be inadvisable to associate the nurses in the public mind

with agencies for giving material relief or charitable aid. Up to that time, affiliation with such bodies had not been entirely ruled out, although, as the regulations show, emphasis had been laid on the importance of separating the nurse's work from that of the charity worker. Such separation, however, for practical purposes, was difficult and from the popular point of view impossible, if affiliation actually existed between charitable bodies and Red Cross nurses.

The official record on this point was:

> The attitude among the leading nursing associations today being against material relief giving, the question as to whether or not Red Cross affiliation with Associated Charities should be contracted was discussed at length. Miss Wald moved that the sense of this committee be recorded as against affiliation with organizations of relief, or those known as relief giving agencies. Mr. Bicknell seconded the motion, which was carried.[19]

On the matter of financing visiting nursing the earliest suggestions made to local associations for their guidance were:

> 1. The chief item of expense in rural nursing is the salary of the nurse. The cost of livery will be an important item in some communities. This may be lessened by suggesting to families requiring the services of the nurse that they send a conveyance for her when possible. The use of a bicycle or horseback riding may often be practicable. Where there is no telephone in the house where a nurse resides one should be provided where possible. A fully equipped bag for professional use should be loaned her by the local Board. It will be necessary to maintain a supply closet from which articles may be loaned or rented to patients. Needle Work Guilds and other societies may be expected to contribute some of the necessary supplies.
>
> 2. Various ways of raising money are in general use. Members of the board should improvise dignified methods adaptable to local conditions. As many persons in the community as possible should be urged to contribute toward the work, either by an annual house-to-house canvass or by sending out written requests. As all persons without any lines of distinction enjoy the benefits of improved conditions brought about through the nursing association, contributions from all should be solicited. Those who can well afford large

[19] Minutes: Town and Country Nursing Service, Dec. 12, 1916.

subscriptions should be encouraged to make them, and every contribution, no matter how small, should be welcome.

3. Fees collected from patients should add considerably to the income. It is a generally accepted principle among leading nursing associations that patients should pay for the services of the nurse. Her field of usefulness is greatly extended by working as far as possible on a business basis. Many will thus utilize her services who on other terms would resent the idea of employing a "charity nurse." Patients are expected to pay for professional visits according to their means and nurses and local committees should encourage patients to do so. Where it is practicable a nominal fee should be designated, regulation of which is a matter for local boards to discuss. If a patient is unable to meet the full charge, the amount to be collected should be left to the discretion of the nurse. Sick persons who should receive nursing care and are unable to pay for it should not for this reason be denied the services of the nurse. Patients who are able to engage a private nurse are not expected to utilize the services of a rural nurse except in cases of emergency.

4. Sometimes several small villages which alone cannot raise funds sufficient to carry on rural nursing may unite in this work and share the necessary expenses.

5. Through coöperation between the Metropolitan Life Insurance Company and the Red Cross, the nurse's visits to industrial policy holders will be paid for by the Insurance Company, and funds thus collected will be used to increase the income to local nursing associations.

6. Churches, women's clubs and various local societies will often contribute toward the work. Boards of education, health departments, local and county, may appropriate an annual amount toward the care of school children or for sanitary measures carried on by the nurse. Local nursing associations should appeal to their county and state tuberculosis societies and other agencies working along public health lines. Large organizations interested in special diseases, or those interested in improving general living conditions, may lend financial assistance to communities within their field of activity. If only a few months' salary is available, the work should be put under way. This is the best method of educating a community to the need and usefulness of a visiting nurse.

Certain minor changes in the rules of affiliation were made from time to time. In 1918 a somewhat complicated procedure for payment by the Metropolitan Life Insurance Company for

services to its policy holders was simplified by authorizing affiliated societies to negotiate matters of payment directly with the company. At some time in the summer of 1917 the pendant worn by the nurse was given up and from then on the Red Cross public health nurse wore the regular pin.

In 1919 the privilege of using the Red Cross emblem was withdrawn from affiliated organizations, although they might continue to use the words "In affiliation with the Red Cross Bureau of Public Health Nursing." This became necessary, as the war growth of chapters was so great that every county had its Red Cross Chapter, and where affiliated nursing organizations also were formed, bearing the emblem and collecting funds under its sanction, confusion resulted and difficult situations arose.

Although the granting of scholarships and loans was a very important feature in the early development of the service, it became so much more complex as related to the later growth that it has seemed best to deal first with the progress of organization:

In the initial work of organizing the Rural Nursing Service following the preliminaries of 1910 and 1911, the special committee in charge of this, with Miss Boardman as first chairman, was organized under the National Relief Board. This differentiated, at the outset, the nurses of the Rural Nursing Service from those who had, from the time of the reorganization of the Red Cross (1904), enrolled for war service or emergency call under the War Relief Board.

In 1915 the Committee on Town and Country Nursing Service lost the immediate and personal association with Mrs. Whitelaw Reid which it had had from its foundation, for her prolonged absence from the country decided her to resign as chairman of the committee. Her place was filled by Mrs. Harriet Blaine Beale, for many years closely associated with the Visiting Nurse Society of the District of Columbia.

In the following year Mr. Ernest P. Bicknell, Miss Blanche E. Hazard, Mrs. William C. Osborn, and Miss Ruth Morgan became members of the committee. At the annual meeting of the Central Committee in December, 1916, the war pressure making a more complete amalgamation necessary, unification was brought about. All Red Cross nursing, of whatever

variety, was then composed into one general service,[20] with ordered subdivisions, as has been described under Mobilization.

Hitherto there had been no formal relation between the Town and Country Nursing Service under the National Relief Board, and the Nursing Service operating under the War Relief Board. But now (1916) all Red Cross nurses were placed in one "Red Cross Nursing Service," of which the component parts were defined thus:

> The term "Red Cross Nursing Service" includes (a) the National Committee; (b) State and Local Committees on Nursing Service and such other committees as it may deem necessary to appoint; (c) all enrolled Red Cross nurses, including members of the Town and Country Nursing Service; (d) enrolled dietitians, Sisterhoods and other orders, when assigned to duty under the Red Cross; and (e) women volunteers selected for hospital service or other duties relating to the care of the sick.
>
> All nurses employed by Chapters, other Red Cross organizations, or affiliated societies authorized to use the Red Cross insignia, must be enrolled Red Cross nurses and subject to the regulations of the Nursing Service.
>
> All Red Cross courses of instruction, except those in First Aid and Accident Prevention, are under the control of the Red Cross Nursing Service.

This National Committee was empowered to create special sub-committees. The Town and Country Nursing Service next (1917) became one of the two bureaus operating under the National Committee on Nursing Service, the other being the Bureau of Nursing Service. The title of the superintendent was altered to "Director of the Bureau" and certain changes of policy for the nursing staff were adopted, which will be dealt with in a later paragraph. The position given to organized nurses on the National Committee was unique among international Red Cross societies, and emphasized both the recognition of and the grave responsibility devolving upon the American nursing profession as a self-controlled body of organized workers. In July, 1917, a third bureau, that of Instruction, had been organized in the Red Cross Nursing Service, but the

[20] The Minutes of the Central Committee, December 13, 1916, read:
"RESOLVED: First, that the Committee on Town and Country Nursing be hereby discontinued and that the duties and functions with which it was charged be transferred to the National Committee on Nursing Service."

functioning of the Bureau of Town and Country Nursing was unaltered.

In December, 1915, when the three governing boards of the Red Cross were made advisory, the executive powers which they had formerly had were placed in newly created Departments.

The Department of Civilian Relief then functioned as had the former "National Relief Board" and the Town and Country Nursing Service bore the same relation to it as it had borne toward the older body. This arrangement, however, resulting as it did in a division of responsibility between the "Nursing Service" and the "Department of Civilian Relief," was not permanent, and on December 7, 1917, the Red Cross Nursing Service was made a Department, and thenceforth the Town and Country Nursing Service functioned as one of its bureaus. The general extension of branches and Division headquarters that took place during the war has been outlined (see Mobilization), and the reorganization after the war will be described in a final chapter.

No special form or name was required of local organizations wishing to affiliate, but simply that they should have the purpose of promoting rural visiting nursing by the help of the Red Cross organization and equipment. However, when affiliation was effected with a society not primarily organized for community nursing, an effort was always made to have a special group created to be directly responsible for this branch work:

> It is expected that in the development of Red Cross rural nursing, local committees will be created, meeting standards of salary and other regulations which are deemed necessary to insure the best interests of a community. The locality benefited by the work of a nurse is expected to meet the expenses connected with it. Fees collected from patients are not sufficient for this, as all sick persons are not able to pay for the services of the nurse. As a rule, patients are expected to pay for professional visits, according to their means, but those unable to make any payments should not go uncared for. The responsibility for raising the necessary funds rests with the local committee, which also superintends the work of the nurse.

How necessary and valuable the influence of the Red Cross was and is locally in maintaining good nursing standards, is well illustrated by the following incident. A local association

affiliated in the early days with the Red Cross formed a secondary, informal relation with another local group not connected with the Red Cross. This second group employed untrained women, whom it called "attendant nurses." The Red Cross then, through its affiliated associations, requested the secondary group to use only the term "attendant" and to discontinue calling untrained women "attendant nurses." It is precisely by such easy steps as the above that local standards may be lowered in the absence of some strong, central, unifying body. The early work of the Red Cross in encouraging local pioneer efforts was tireless and painstaking. No beginning was too small to receive its fostering care. As a result, it created an atmosphere that stimulated and encouraged. An advantage of a strong central body is found in the inspiration of the feeling communicated to its membership, of belonging to something large, something national. The personal visits, the national correspondence, the definite standards, convey a sense of support and encouragement.

While supervisors soon come to be a necessity in any large organization, they were also definitely useful in the early work as organizers. This was recognized from the first, and in the Report of 1913 we read:

> To reach the most neglected communities, it is necessary for an organization to spend much time in the field, and the demand for this work will in future be more adequately met by the appointment of another nurse, whose salary will be paid by the Red Cross. With this addition to the staff, it will be possible to make regular and systematic visits of inspection to affiliated organizations, and more opportunity will be available to respond to many calls asking for someone to present the work at various clubs and mass meetings, which has been possible thus far only to a limited degree.

In 1914 the Report said:

> Miss Abbie Roberts, formerly superintendent of the Visiting Nurse Association of Cincinnati, and who has recently completed a course in the Department of Nursing and Health at Teachers College, Columbia University, has been appointed supervisor of Red Cross visiting nurses.
>
> Fifty-one supervisory visits to affiliated organizations have been made by the superintendent and supervisor during 1914, and, with the purpose of placing before nurses the public

> health needs of the smaller communities, they have presented the work of the Town and Country Nursing Service in seventy-five hospital training schools.

In 1914 the field supervising nurses of the Metropolitan Insurance Company, four in number, who were appointed to the Town and Country Nursing Service, were requested by the Red Cross to make a special study of the demands made upon rural nurses and the preparation needed by members of the Town and Country Nursing Service. At an informal meeting in St. Louis, held later that year (1914), these field nurses, whose work took them from coast to coast, met with the Committee of the Town and Country Nursing Service of the Red Cross to discuss their findings. An arrangement had lasted for a year (1913-1914) by which these supervisors, paid by the Company, made reports to the Red Cross of organizations affiliated with the Rural Nursing Service. In the matter of a uniform standard the Red Cross visiting nurses were under the general supervision of the superintendent or her supervisors. But in matters relating to their local work their responsibility to the local group was complete.

In 1915 the supervisory visits numbered sixty-seven with eighteen more for organizing work. In 1916, sixty-nine, with many additional meetings with committees and public officials, and to address organizations and mass meetings.

The Annual Report of the service for 1917 said:

> A second supervising nurse was employed for several months early in the year. This has made more visits to communities possible than during 1916. One hundred and eight supervisory visits and fifteen visits of organization were made. To do justice to a most important function of the Town and Country Nursing Service, additional supervisors are needed. Many affiliated organizations are seeking more frequent supervisory visits than the present limited number permits.
>
> To help the local applicants it was agreed that members of the Town and Country Nursing Service Committee should, whenever possible, act as advisers and organizers in their own environments, and the superintendent recommended that annual conferences for Red Cross visiting nurses and affiliated local groups be arranged for yearly at the time of the annual Red Cross meeting in Washington.

To assist in the formation of local units the Red Cross Nursing Service prepared and distributed leaflets of advice on how to organize. The earliest form of this advice was included in the first pamphlet issued by the Service in 1913.

In any work the initial efforts have a special interest, and are, moreover, too easily lost sight of, and so it is befitting to record the affiliations of 1913 and 1914 that they may not be forgotten.

Location	*Name of Organization*	*Date of Affiliation*
Cuyahoga Falls, Ohio	Visiting Nurse Association	July 1, 1913
Warrenton, Va.	District Nurse Association	" " "
Hot Springs, Va.	Hot Springs Valley Nursing Association	" " "
Bloomfield, N. J.	League for Friendly Service (Community Nursing Service taken over by R. C. Chapter)	Aug. 1, "
Winchester, Va.	District Nurses' Association (Community Nursing Service)	" " "
East Islip, N. Y.	Visiting Nurse Committee of R. C. Chapter (Community Nursing Service)	" " "
Clarksburg, W. Va.	Women's Civic Club (Community Nursing Service)	Sept. 1, "
Laurel, Md.	Visiting Nursing Committee (Temporary Community Nursing)	" 15, "
Spartanburg, S. C.	Spartanburg Health League (Community nursing service cotton mills)	" 30, "
Dorset, Vermont	Dorset Nursing Association	Nov. 1, "
Gloucester, Mass.	Gloucester District Nursing Association, Inc.	" 8, "
Greenwood, Va.	Greenwood Visiting Nurse Association	" 21, "
Purchase, N. Y.	Purchase Nursing Association	Dec. 13, "
Manchester, Mass.	Manchester Visiting Nurse Committee of the Women's Club (Community Nursing Service)	" 23, "
Greenville, S. C.	Children's Charity Circle, later known as Public Health Nursing Association	Feb. 1, 1914
Cohasset, Mass.	District Nursing Committee of the Social Service League	" 6, "
Chilton County, Ala.	Chilton County Health Committee (Primarily health educational work with 3 county schools)	Mar. 24, "
Palmerton, Pa.	Visiting Nurse Committee of New Jersey Zinc Co.	Apr. 16, "

Location	*Name of Organization*	*Date of Affiliation*
Hazard, Ky.	Perry County Nursing Association (Mining section of mountain and general work)	May 4, "
Albemarle County, Va.	Community Work of Bureau of Rural Sanitation, Va. State Board of Health (Educational Health Service)	June 1, "
Franklin, N. J.	Visiting Nurse Committee of New Jersey Zinc Co. (Industrial Nursing on Community basis)	" 13, "
Canaan, Conn.	North Canaan Visiting Nurse Association	Aug. 1, "
Chippewa Falls, Wis.	Associated Charities (Community Nursing Service)	" 5, "
Cambridge, Md.	Cambridge Visiting Nurse Association	Sept. 12, "
Grosse Pointe, Mich.	Mutual Aid Society and Neighborhood Club (Community Nursing Service)	Oct. 1, "
Morgantown, W. Va.	Child Welfare Committee of Associated Charities (taken over by Morgantown Chapter, A. R. C., Nov. 1, 1919)	" " "
Mt. Carmel, Ill.	Women's Club (Community Nursing Service)	" 7, "
Bridgeton, N. J.	City Nurse Committee of Bridgeton Civic Club (taken over by Cumberland County Chapter—Community Nursing Service)	" 8 "
Jerome, Arizona	Visiting Nurse Association (Reopened under Board of Health)	" 21, "
Litchfield, Conn.	Litchfield District Nursing Association	Nov. 20, "
Fulton, Ky.	R. C. Public Health Nursing Service (formerly known as City Health and Welfare League until Nov. 18, 1918)	Dec. 3, "

If space permitted, credit should be given in the case of every association listed above to some one or more specially devoted women to whose ability and influence success was largely due. It would be a fitting tribute to them to mention special phases of their work, but one which would require another volume.

So wrote the first superintendent of the service, and she added:

Then, too, if anyone connected with the Town and Country Nursing Service deserves special mention, it is that group of nurses who labored with such faithfulness and courage in country districts from the beginning.

> They were superior women, the heart and soul of the public health nursing, and after all is said the greatest benefit of affiliation resulted from their attraction to the Red Cross and the appointment of women of their type.

Before the outbreak of the World War the organization of the Red Cross by Chapters was but slightly developed. Those that were strongest were in large cities where the rural nursing idea was not felt, and as a rule the Chapters did not then take up activities along lines of health conservation. It was only after the entrance of the United States into the war that rural sections generally organized into Chapters, and not until after the armistice did these Chapters turn to the activity of the public health service.

The influence of the war on both general organization and the Town and Country Nursing Service was profound. As to the nursing service, a completely new policy was formulated, and in organization generally new forms developed. The nursing staff will be considered first.

It is to be remembered, at this point, that while any regularly enrolled Red Cross nurse with additional requirements for public health nursing might enter the Town and Country Nursing Service, and many did, not all Town and Country nurses were necessarily "enrolled." For them enrollment for war service had not at first been required, and in place of the Red Cross badge of the enrolled nurse the Town and Country Nursing Service staff wore a pendant, but under the excitement of the war menace a new situation arose, partly brought about by the inclination of nurses to volunteer for the war; partly from the desire on the part of the leaders in Public Health Nursing to keep their forces intact in this country. The situation offered these alternatives: Either the Public Health Nurse was to be put in a separate group, of which the members should be given credit for military service, or all nurses should be allowed to decide freely whether to take active service under the War Department, or home service in their own country. A combination of these alternatives eventually brought about a kind of classification enrollment for the Red Cross. In 1917 Miss Clement wrote:

> When the two Services were brought together under the one administration, definite provision was made by the National Committee on Red Cross Nursing Service regularly to

enroll nurses who were available for the Town and Country Nursing Service solely. Thus all nurses assigned to duty under this Service are now enrolled Red Cross nurses. They are enrolled as any other Red Cross nurse by the National Committee on Nursing Service, but with the understanding that response to a call for war service is not compulsory, or any other Red Cross duty outside the community to which they already are assigned under the Town and Country Nursing Service.

The *Bulletin* of April 15, 1917, said:

> While one of the most important duties of the Red Cross is to maintain at all times an adequate enrollment of nurses for service in the event of war, the rapid development of various peace activities under the Nursing Service has made it desirable to enroll nurses with special qualifications who might be available for war duty.
>
> Certain exceptions to the usual requirements for enrollment will therefore be made, as in the case of nurses selected for committee work, those willing to act as Instructors of Red Cross classes, and candidates for public health nursing under the Town and Country Nursing Service.
>
> Many inquiries regarding the calling out of enrolled Red Cross nurses in the Town and Country Nursing Service for war relief work have been received of late, both from nurses and their nursing organization. There being over eight thousand enrolled Red Cross nurses, those assigned to duty under the Town and Country Nursing Service will not be called out by the Red Cross for war service. Although the latter would not be debarred from volunteering for war service, the Red Cross considers the public health work in which they are at present engaged as most important, and only if urgent needs of this country require it would the Red Cross consider calling them for other duty.

The following letter from Miss Delano to the nurses belongs to this period:

April 26, 1918.

> In these days of unprecedented demand upon the nursing profession, decision as to the relative usefulness of individual effort is often a matter of great difficulty. The call for nurses for military service both here and abroad must rightly and of necessity draw heavily upon the nursing resources of the country, but we feel that the public health nurse is also an

important factor in the preservation of national health. It is therefore the policy of the Red Cross to leave undisturbed as long as possible the nurses of its Town and Country Nursing Service.

Should a change of this policy (which now seems unlikely) ever become necessary you will be personally notified. Meanwhile, I hope you will continue at your present work with the assurance that the Red Cross fully appreciates its importance and value to the country.

We are planning to supply an insignia to be worn on the arm by all Red Cross nurses who at our request are remaining at their present post of duty.

Very sincerely yours,
(signed) JANE A. DELANO, Director,
Department of Nursing.

This attitude of the Red Cross, strongly supported by public health bodies generally, was quickly justified by events, for while on the one hand war demands broke through the routine of peace, on the other, the calls for nurses for health conservation were immensely increased, and the nurses who stood at their posts in this field were classified as the Special Service Group. This group has already been described with sufficient detail. In the *Bulletin* of October, 1918, Mary S. Gardner wrote:

Soon after the declaration of war the National Committee on Red Cross Nursing Service provided for an enrollment of public health nurses to be held available for public health work under the Red Cross either in this country or abroad. Later it seemed necessary to safeguard the training of our pupil nurses and the maintenance of our national health by creating a special group for all nurses holding important positions in training schools or in public health nursing. This group was called the Special Service Group. As soon as this plan was completed Miss Delano sent you a letter to tell you that the Red Cross recognizes the important part you are playing in the protection of the health of the nation and asks all of you to remain at your posts as members of this Special Service Group.

To many public health nurses the decision to stand by an important piece of home work has been a difficult one. It is not easy in such times as these to pursue a safe and inglorious way, even though the sign-posts be very plainly marked "path of duty."

> The public health group, however, is not a large one, if all the nursing resources in the country are taken into account. It would seem, therefore, wise that though all nurses should enroll in the Red Cross, those trained or experienced in public health work should for the present at least use that training and experience where it will be most effective, namely, in doing the work for which they alone are prepared and which so sadly needs them.

A further extension of the service resulted from the need of special health protection in the military cantonments at home. Miss Gardner wrote:

> We had been at war but a short time, when the Red Cross added a new activity to its countless forms of helpfulness and one involving public health nurses. Zones were formed by the United States Public Health Service around the big cantonments and in these zones public health nurses were placed working under the medical director. For this service experienced nurses are needed. At first, part of the nurses were Red Cross nurses, and on the Red Cross payroll, part were engaged and paid by the United States Public Health Service. It has been decided that all the zone nurses should be enrolled Red Cross nurses, thus setting a single standard for all, and that on the recommendation of the Red Cross all chief nurses should enter the United States Public Health Service.
>
> When this zone work carried on by the Red Cross in cooperation with United States Public Health Service eventually found its way into the Town and Country Nursing Service it seemed only out of place because the name of the bureau was not sufficiently inclusive to be descriptive of such an activity. It was therefore decided to change the Bureau's name to the Bureau of Public Health Nursing.[21]

The change in name and scope of the service went into effect on May 18, 1918. Miss Gardner had then succeeded Miss Clement for a temporary period only, with Miss Fox as associate director. Both were exceptionally well fitted to direct the enlarging service.

Mary Sewell Gardner was a Connecticut woman, of a representative New England family. One of her ancestors on the maternal side had been president of the first Provincial Congress of New Hampshire and later a signer of the Declaration of Independence. On the paternal side her family had in-

[21] *Bulletin* No. 3, Vol. 4, October, 1918.

cluded many lawyers and judges and her father served on the Supreme Bench of Massachusetts. Miss Gardner's early education had been entrusted to tutors and later she attended a girls' school in Farmington, Connecticut, then traveled extensively abroad. She was given the position of superintendent of the Providence (Rhode Island) District Nursing Association immediately after her graduation from the Newport Hospital. To enable her to help in the development of the Red Cross Town and Country Nursing Service the trustees of the Providence Association generously gave her leave of absence for that purpose. Miss Gardner was recognized throughout the country as an authority on all phases of public health work, and she had had unusual experience in rural nursing while extending visiting nursing throughout Rhode Island. She was the second president of the National Organization for Public Health Nursing and a permanent member of its board. She wrote "Public Health Nursing," the first book on that subject and a standard one. In 1918 Brown University gave her its M. A. as a "pioneer in making the care of the sick an honored profession . . . a gentlewoman whose writings and example have brought us healing of the body and inspiration of the spirit."

Very charming, feminine and attractive with a rich sense of humor and a balanced mind, so upright that she commanded general confidence, Miss Gardner threw all her gifts into the Red Cross work, but in the midst of her administration she was dispatched on a special mission to Italy to organize public health nursing there, and then after the war she returned to her position in Rhode Island.

Elizabeth Gordon Fox then became the director of the Bureau. Born in Milwaukee, she took honors at the University of Wisconsin (Phi Beta Kappa) and graduated with distinction from the Johns Hopkins Hospital. She served on the staff of the Chicago Visiting Nurse Association for four years, then became superintendent of the Visiting Nurse Association of Dayton, Ohio, and from there went to a similar position in the city of Washington, where she also served as president of the Board of Nurse Examiners. She had been enrolled in the Red Cross Nursing Service since 1913. In 1921 she was chosen as vice-president of the National Organization for Public Health Nursing, and upon the resignation of Edna Foley, then president, succeeded her and was elected as president to a second

term of office in 1922. Her largest achievement after becoming director of the Red Cross work was in knitting up the relations between the Red Cross national organization and its branches and State health boards. This important stage of progress will be described in the next chapter. Forceful, direct and unaffected, a keen and analytical thinker and a remarkable organizer, Miss Fox held her bureau in strong hands.

At first the war worked injuriously upon the service. Miss Fox wrote:

> The Town and Country Nursing Service experienced a check in its growth during the war brought about by the transfer of national and local attention from peace activities to war work, and by the serious shortage both in qualified public health nurses and in candidates for post-graduate preparation occasioned by the withdrawal of many thousands of nurses for military service.

The secondary effect of the war and its accompanying calamity, the epidemic of influenza, was to heighten the interest of Red Cross Chapters and the general public in health and nursing matters.

The first financing of a Rural Nursing Service was made possible, as has been told, by the gifts of Mr. Jacob Schiff and Mrs. Whitelaw Reid. But not all could be used for loans and scholarships, as the general administration of the Service had to be covered as well. In 1912 $1000 was set aside for loans, a maximum of $250 being agreed upon for one loan, and seven scholarships were announced, three of $200 each and four of $100 each. Previous to December 1, 1913, three scholarships were granted and three loans made. Between that date and December 1, 1914, one scholarship and thirteen loans were granted.

In 1915 Mr. and Mrs. Schiff gave $5,000 more to be used expressly for the Loan Fund and the Scholarship Fund was thereafter abolished for a time. Between December 1, 1914, and December 1, 1915, eleven loans were granted. By December 1, 1916, eight more had been made.

At the annual meeting of that year it was agreed that, as nurses were taking the eight months' course in larger numbers, the maximum loan should be increased from $250 to $300 and, in special cases, to $400.

It was never contemplated that the Red Cross would entirely

support the cost of a local rural nursing service. Its policy was against this practice from the very start even though appeals for financial aid were numerous and although lack of local funds became a frequent cause for the discontinuance of affiliations one after another. It was not long, however, before the financial helplessness of certain communities became appealingly clear:

> Before the end of the first year of the service, and before any outside effort to meet particular financial appeals was contemplated, a member of the Committee on the Town and Country Nursing Service had volunteered to meet the expenses of placing a nurse in the Kentucky mountains. Contributions from private sources for particular communities were later administered by the Red Cross in a number of instances, primarily to encourage the introduction of visiting nurses in the Southern Highlands. These donations were used to pay the salaries of nurses temporarily in whole or in part with the idea always in mind that the work would eventually be supported locally.

In 1914 the possibility of creating a sustaining fund was discussed. The records say (December 8, 1914):

> The desirability of the Red Cross establishing a fund whereby the salary of nurses might be supplemented who were to be employed in sections of the country that could not at present provide the salary of a Red Cross visiting nurse in full, was favorably considered. Miss Delano offered to supplement the salary of a nurse to be sent to the mountains of North Carolina under the Presbyterian Board for one year.

The report of December, 1915, returned to this theme, dwelling especially on the needs of the mountain regions:

> In many mountain communities local financial resources are such that the salary of the nurse cannot be raised either by private subscription or public appropriation. The church mission boards and educational organizations which have been active in the mountain country for years have included visiting nursing in their activities in twelve or thirteen instances, but there are three million persons living in the Southern Highlands.
>
> The Town and Country Nursing Service was organized to help just such communities as this section represents, and yet they cannot procure Red Cross visiting nurses unless some

provision can be made to aid them financially. Three Red Cross visiting nurses have been appointed to mountain communities, one in each of the States of Virginia, Kentucky and North Carolina. One was employed by a visiting nurse association supported by private subscription from the mountain people and summer visitors, one by a denominational mission board, and one by local funds supplemented by outside individuals.

Within the past few months inquiries have been received from several mountain schools asking if the Red Cross could aid in financing the work of a visiting nurse. A broad field for rural nursing lies open in this section and study of its resources reveals the fact that unless some provision is made by the Red Cross or other organization whereby such communities may be aided financially, there is little prospect of nurses who have met the standards of hospital training and post-graduate preparation in public health nursing required by the Red Cross being employed in this part of the country.

The meeting of the committee (March 18, 1915) had taken steps to meet this need. The Department of Agriculture under the Smith-Lever Act had aided numerous rural localities throughout the country by contributing toward the support of county agents. There was a close connection between the work of these agents and health work being done by the county nurse. One middle western state had even written to the Red Cross to ask if nurses could be supplied to fill county agents' positions with the aid of State and Federal support. Other instances were known too where Federal money was being used for local educational health work by nurses. Thus the idea of direct financial aid from the Federal Department of Agriculture in the extension of rural nursing was not entirely novel when the committee appointed its chairman, Mrs. Beale, and Miss Lathrop, head of the Children's Bureau, a committee to interview Secretary Houston upon this subject. The interview took place, however, with negative results.

Within a short time, however, public support by contributions to local funds had grown rapidly along lines indicated as the original plan of the Red Cross.[22]

A committee report (November 30, 1916) said:

In twenty-seven communities public funds are now paid toward the support of the work. There is little uniformity in the amounts of appropriations, ranging as they do all the way

[22] Report by Miss Clement, Dec., 1915.

> from $200 to $300 annually, the amount received by six communities, to $1200 and over received by six other communities. The entire salary is paid in six communities from public funds.

By 1917 gifts from individuals and from Red Cross Chapters had begun to swell the funds for nursing education. In that year the Chapters of New York County, Boston Metropolitan, Chicago and Cincinnati each gave $500, and Mr. Harvey Gibson and Mrs. William Draper each gave $500, making $3000. In the autumn scholarships for visiting nurses were again announced. More than one hundred direct inquiries came from nurses, giving clear evidence of the value of the scholarship plan. Nine scholarships of $250 each, for eight months' courses, were distributed, and the Superintendent's report said:

> It is to be hoped that a permanent scholarship fund may be provided by the Red Cross whereby an eight months' course will be brought within reach of many nurses, otherwise unable to obtain it.

During the formation of plans for the rapid extension of public health nursing under the Chapters immediately after the Armistice in 1918, the need for increasing greatly the number of nurses prepared for public health nursing stood out clearly. The earlier scholarship fund of $3000 was nearly exhausted. The opportunity to secure many recruits for public health nursing from among the thousands of nurses returning from war service seemed good, providing some means were available to help them pay the cost of preparation.

Just before sailing for Europe (January 1, 1919) Miss Delano presented a request to the general manager that the War Council of the Red Cross appropriate $50,000 for a scholarship and loan fund for nurses needing instruction in public health nursing before being available for assignment to duty under the Red Cross:

> In the development of our Red Cross public health program, I do not feel that it will be necessary to ask for any large expenditure of funds for administrative progress. The organization which we now have ought to be sufficient. It will, however, be necessary, in my opinion, to have funds

available for other phases of the work, the most important of which are as follows:

1. A loan or scholarship for nurses who need instruction in public health nursing before being available for assignment to duty under the Red Cross. May I recommend that $50,000 or so much of this fund as may be necessary be set aside as a loan or scholarship fund for the coming year.

2. A fund available for the maintenance of a public health nurse during a period of demonstration in rural or mountain districts which are unfamiliar with the value of such a service. The communities most in need of public health work are often absolutely ignorant of the advantages to be gained, and, while perhaps entirely able to support a nurse, can be convinced of their needs only by an actual demonstration of at least a few months. Time and again we have found in the development of our Town and Country Nursing Service that communities were entirely able and willing to support a public health nurse after such actual proof.

In contrast to communities of this character, remote and scattered settlements may never be able to provide the entire salary of a public health nurse. For such communities the Red Cross might be justified in supplementing the salary which such a community might be able to pay by an amount sufficient to secure the services of a graduate nurse.

I have no doubt that the Red Cross Chapters can be interested in assuming the responsibility for the salary of nurses during this period of demonstration, and I believe that every effort should be made to secure the funds locally, if possible, but there should also, I believe, be a fund at Headquarters which could be used in an emergency until other arrangements could be made.

3. A fund for the establishment of a teaching center where nurses can receive definite instruction and experience in the management of a rural community. For several years I have hoped for the establishment of such a center in a typical rural community—preferably a county with a small city or village as headquarters. Such an organization could no doubt be established in coöperation with the community, but it would scarcely seem fair to ask a county to meet the entire expense, as this project would be conducted as a trying-out place and instruction center for nurses who would be employed in other communities.

4. A fund for the extension of Red Cross courses of instruction to include all the women of the country, especially those who are living in remote and rural districts. Our plan

> of instruction in Home Hygiene and Care of the Sick and in Home Dietetics has so far been available only for women living in large cities or where graduate nurses and dietitians are easily available to give the instruction. It has not been possible to extend the work to isolated communities where the need is far greater than in the cities and larger towns. These courses of instruction—especially in rural communities—might often give us the opportunity to convince the community of the necessity of establishing a public health nursing service, and would be our easiest and most natural point of approach. These courses would secure for the nurse serving such a community the intelligent coöperation of the women and would greatly facilitate and increase the usefulness of her work. I believe that some plan should be worked out to provide instruction for all classes of women, regardless of their ability to pay for such instruction. Funds for this purpose should, I believe, be secured through the Chapters, but may I recommend that a letter be sent to the Chapters, authorizing them to use Chapter funds for the extension of our educational program. I submit in connection with this a recommendation adopted at a recent meeting of the Division Directors of Nursing.[23]

On December 31, 1918, the War Council authorized an appropriation of $30,000 as a Scholarship and Loan Fund for nurses needing instruction in public health nursing. Later it was decided to allot $25,000 for scholarships and $5,000 for loans.[24]

This fund was appropriated for the exclusive use of nurses preparing to do public health nursing under the Red Cross, since its purpose was to make possible the plan for the expansion of such work.

In February, 1919, a group of representatives of the National Organization for Public Health Nursing, headed by Miss Wald, conferred with Dr. Farrand, the chairman of the Central Committee, for the purpose of asking the American Red Cross to make an additional appropriation for scholarships which would not be restricted to nurses promising to enter Red Cross service, but would be available also to nurses preparing for public health nursing under other auspices. This project was stated in a letter to Dr. Farrand from Miss Wald, February 14, 1919, as follows:

[23] Letter from Miss Delano to Mr. Scott, December 14, 1918.
[24] Letter from Miss Noyes to Mr. Scott, January 8, 1919.

Just prior to the entrance of the United States into the war there were estimated to be about six thousand public health nurses, and the demand was already greatly in excess of the supply. While the war increased this demand and created an enormously increased need for such nurses, the supply became even less, and with the coming of peace this momentum, already great, has become overwhelming.

Municipal, county and state departments of health, public schools, child saving agencies, industrial establishments, visiting nurse associations and other public and private agencies are unable to develop their public health plans because of inability to secure a sufficient nursing personnel, and are making demands for nurses, which cannot be filled except in very small measure.

The introduction of two federal bills, one by the Children's Bureau of the Department of Labor and the other by the United States Public Health Service, both projecting plans which will demand many hundreds of public health nurses, also emphasize the need.

The Bureau of Public Health Nursing of the Red Cross proposes to develop rural and small town public health nursing and will need several hundred nurses for this purpose. The appropriation of $30,000 made by the Red Cross for the preparation of public health nurses for the service of this bureau will provide from seventy-five to one hundred nurses. The Chapters, through Chapter scholarships, it is expected, will provide possibly one or two hundred more. The rest of the nurses needed by the bureau must be secured through other means. While the work the Bureau of Public Health Nursing expects to do will meet a great need, it can care for only a small part of the whole field. Therefore, there is a great need for an added appropriation of $150,000 to prepare several hundred nurses for public health work outside of the Red Cross.

With a fund of $150,000, $300 scholarships could be given to five hundred nurses for a four months' course in public health nursing. However, as there is a special and immediate need for executives and teachers, it is the feeling of those primarily interested in public health nursing education that a more desirable distribution would be to offer scholarships of $600 for an eight months' course to 125 nurses especially adapted by preparation, experience and temperament for the larger executive and educational positions. The remaining fund of $75,000 would then be available as $300 scholarships for 250 nurses for a four months' course.

There are at present thirteen centers scattered throughout

the country already organized and conducting such courses, which could admit and most satisfactorily train these nurses for public health work.

Such a group of 375 women especially equipped for rural, town and city work requiring executive and teaching ability, combined with social knowledge and vision, while not completely meeting the constantly increasing need, would serve as a tremendous impetus to public health nursing throughout the whole country.

The Red Cross nurse appeals strongly to the heart of the American public, and the public would unquestionably approve the expenditure of Red Cross money in any plan to bring help to Red Cross nurses in the difficult period of readjustment, especially when such help might be given her as a recognition of her fine service and as an expression of the conviction of the American Red Cross that the country still needs her in a valuable public service here.

Public health nursing cannot continue to meet the greatly stimulated demand without a scholarship fund sufficiently large to show appreciable results. It is more fitting and less confusing to have such a fund come from one source, not several sources.

Such a Red Cross scholarship fund might well be administered by the special committee of the Red Cross, now in existence, which has in its membership representatives of the three national nursing associations, and which is now acting in an advisory capacity to the Red Cross Bureau of Information for returning nurses.

(signed) LILLIAN D. WALD,

Honorary President of the National Organization for Public Health Nursing for the Officers and Members of the Advisory Council.

On February 27, 1919, the War Council acting upon this petition, authorized the appropriation of seventy-five thousand dollars ($75,000) as an additional Scholarship Fund for nurses needing instruction in public health nursing but not necessarily promising to serve in the Red Cross Public Health Nursing Service.

This made a total of $100,000 for scholarships and $5,000 for loans authorized on December 31, 1918, and February 27, 1919. The general terms under which this fund was to be administered were stated in a letter to Miss Wald from the general manager as follows:

. . . . . .

1. These scholarships are open to Red Cross nurses or those eligible for enrollment on the recommendation of the Division Directors of Public Health Nursing and the Joint Committee representing the three national organizations of nursing through their representation at the Red Cross Bureau of Information. These recommendations are subject to the approval of the director of Public Health Nursing Bureau and the director of the Department of Nursing at National Headquarters.

2. While the appropriation is mainly intended for those who are being released from military service, other nurses who meet the general requirements are also eligible.

3. While the War Council stipulated the purpose for which this fund should be used, they did not wish to establish hard and fast regulations, but preferred to leave the matter of spending it subject to alterations within the discretion of the general manager and the director of the Department of Nursing.

4. In addition to the scholarship fund of $110,000 ($25,000 of which was appropriated for preparation of nurses for service under the Bureau of Public Health Nursing of the Red Cross) there is a loan fund available of $5,000. The maximum loan shall be $350. Recommendations for loans from this fund are received through the same channels as indicated above for scholarships. It is definitely understood that loans should be awarded by the Department of Nursing for the purpose of educating nurses for Public Health Nursing under the Red Cross Bureau of Public Health Nursing.[25]

The specific conditions governing the distribution of scholarships and loans were set forth in a memorandum of instructions, July 15, 1919, as follows:

There are now two scholarship funds available for Red Cross nurses who contemplate preparing themselves for public health nursing by taking post-graduate courses. Scholarships from the first of these funds are known as "restricted scholarships," meaning that they are restricted to nurses who are pledged to serve in the Red Cross Public Health Nursing Service for one year.

There are three types of scholarships awarded from this fund. These scholarships are awarded for post-graduate courses of eight months', four months' and six weeks' duration. The maximum scholarship for the eight months' course

[25] Letter from Mr. Monroe to Miss Wald, February 26, 1919. See Divisions of File Records, National Headquarters American Red Cross.

is $600; for the four months' course $300; and for the six weeks' course $75. The scholarship carrying the maximum of $75 is designed only for nurses who have had a considerable amount of public health nursing experience under supervision and who feel the need of additional theoretical preparation before undertaking independent work. This scholarship is to enable them to take the six weeks' summer course in theory. There are two or three such courses which are approved by the Department of Nursing. Nurses who have had very little experience or experience of doubtful value should take one of the longer courses.

Scholarships may be awarded to nurses who have had no experience in public health nursing, who have had a limited or considerable amount of public health nursing experience without supervision or who have had considerable experience under supervision and give promise of further development. It is not thought wise to grant scholarships to nurses who have had considerable experience in public health nursing under supervision, but who have shown no evidence of ability to work without supervision. Candidates should meet the training school requirements necessary for enrollment in the Red Cross. Preference should be given to high school graduates or those who can show a substantial equivalent. Registration should be required in accordance with the ruling of the Red Cross.

In states where registration is provided for by law the nurse applying for enrollment in the Red Cross must be registered:

Preference should be given to nurses who are enrolled or who are eligible for enrollment and will become enrolled, although exceptions may be made where deemed necessary. In general, scholarships will be awarded to nurses between the ages of twenty-three and forty years. Exceptions may be made where candidates possess unusual ability. The candidate shall present a doctor's certificate of her physical condition.

Much more than good education and good physique is required to make a good public health nurse. The candidate must possess good judgment, self-reliance, the ability to work in harmony with all kinds of people, good nature and common sense. In order to be certain of this a request for information should be sent to the superintendent of her training school, two or more recent employers, and possibly a school teacher who had known her for some years. Where the candidate has been engaged in private duty this request should be sent to at

least two people who have known her intimately, in addition to the superintendent of her training school. If the candidate has been engaged in war service, National Headquarters will secure her efficiency record.

In February, 1919, the director of the Department of Nursing received the following letter from Dr. Taliaferro Clark, of the United States Public Health Service, chief of the Bureau of Sanitary Service of the Red Cross:

I am in receipt of communication from the Surgeon General of the U. S. Public Health Service under date of January 25, 1919, in which he states that the service desires to inaugurate a system of social service and follow-up work as a part of its program for the prevention and control of venereal diseases so that infected persons may be kept under observation with strict supervision of their homes and places of employment until they have been cured.

The services of qualified public health nurses who have had additional training in social service work are required to do this important public health work effectively. After a canvass of the field the Surgeon General advises that no registered public health nurses having special qualifications for follow-up work in connection with venereal disease control work are available at the present time, although the Public Health Service is prepared to give immediate employment to ten nurses qualified for this particular form of public health work and to continue the employment of such nurses in increasing number for an indefinite period of time provided the appropriations asked of Congress for this purpose are granted. Furthermore, it is the plan of the Service to transfer this special form of activity to State and Local Boards of Health as rapidly as this can be arranged, thereby creating an increased demand for nurses with the special qualifications mentioned.

The Surgeon General states that so far as it is known to him no funds are available for this purpose from any source and recommends that, if such request be consistent with the Red Cross program for public nursing and not at variance with the Red Cross program for post-war work, the sum of $6,000 be appropriated to be expended in the training of not less than ten public health nurses for a period of four months each at the Johns Hopkins Hospital, Baltimore, Maryland.

In view of the wide prevalence of venereal infections in the general population and the potential danger of these infections to national efficiency, the desirability of adopting all fruitful

> measures for their control and the lack of public health nurses with the special training desired by the Public Health Service available for duty in connection with its program for the control of these diseases, I wish to recommend that the War Council be requested to appropriate the sum of $6,000 to be expended by the director of the Bureau of Public Health Nursing for the training of not less than ten public health nurses in accordance with the plan proposed by the United States Public Health Service.

In response to this letter the Department of Nursing made recommendations to Mr. Munroe which were approved by him, and certain funds were appropriated for the coöperation sought by the United States Public Health Service.

With the exhaustion of the first large scholarship and loan fund the need for another such fund stood out sharply as stated in a memorandum sent by the director of the Department of Nursing to the Central Committee in December, 1919, as follows:

> After careful consideration and conference with the Division directors of the Departments of Nursing and the director of Public Health Nursing at National Headquarters, it seemed highly desirable to present a request for an additional appropriation for scholarships and loan funds to the Executive Committee.
>
> At the meeting of the National Committee on Red Cross Nursing Service on December 9, 1919, the matter was presented for their consideration and it was a unanimous vote that the request be prepared. The recommendations for this appropriation are based upon the following arguments:
>
> 1. The Division directors of Public Health Nursing have estimated that they can readily use sixteen hundred public health nurses and will acutely need at least one thousand public health nurses during the coming six months. From present resources there is very little possibility of meeting even a small part of this personnel.
>
> 2. It will be necessary, therefore, to look to the graduates of courses in public health nursing to fill this need. The courses can admit during the next six months somewhere between 450 and 500 students. There are undoubtedly as many more nurses who are ready for post-graduate courses, but the large majority will be unable to do so unless they are given liberal financial assistance. The high cost of living continues to make it practically impossible for them to forego

a salary and in addition meet the cost of a course from their own resources.

3. Chapter scholarships will undoubtedly be available in considerable number, but they can by no means be relied upon to meet the whole need and they are limited to a comparatively small group of nurses who are in a position to return to the Chapter which grants the scholarship. There will be many occasions when the Division directors would like to grant scholarships to nurses but will not find the Chapter scholarships suitable. There are also Divisions where Chapter scholarships will be scarce.

4. The original scholarship fund of $100,000 is exhausted. The results achieved from it would seem to justify us in seeking another such fund. It helped materially in meeting the need; by this means, 247 nurses have already been prepared for this branch of work; it greatly increased the popular appreciation of the need of adequate preparation for public health nursing; and it undoubtedly stimulated the opening of several new courses.

Following the granting of this appropriation new instructions were issued governing its disbursements indicating certain changes in policy from that governing the distribution of the first fund:

A second national fund of $100,000 is now available for Red Cross nurses who contemplate preparing themselves for public health nursing by taking a post-graduate course. This fund is divided into two sums, $60,000 being for scholarships and $40,000 for loans. No part of this fund is "restricted" and no recipients will be required to serve in the Red Cross Public Health Nursing Service although all recipients must promise to engage in public health nursing for one year.

In addition a special loan fund of $10,000 has been appropriated to be distributed among the Divisions for the purpose of defraying traveling and other incidental expenses incurred by nurses taking the post-graduate courses in public health nursing. Where such loans are considered necessary in addition to a National or Chapter scholarship or loan, they may be made from this fund by the Division Department of Nursing direct to the nurse.

It is desired that only those candidates shall be recommended for scholarships who are well educated, academically and professionally, and whose records show more than ordinary ability and personality.

Furthermore, it has been deemed unwise to set any stated amount either for the scholarships or the loans. In making announcement of this second fund no amounts will be specified and no maximum and minimum stated. Funds are available for partial scholarships supplemented by loans to be added to the nurses' own resources, the amounts to be determined individually for each candidate. It is desired that in the future the majority of candidates shall receive smaller scholarships than in the past and that deficiencies shall be met by loans. Scholarships covering the entire cost of the course, no part being in the form of a loan, shall be granted hereafter only under exceptional circumstances.

Scholarships and loans from the national fund may be awarded for one or both semesters of a post-graduate course of eight months; for a post-graduate course of four months or for one of six weeks. The scholarship or loan for the six weeks' summer course should be granted only to nurses who have had a considerable amount of public health experience under supervision and who feel the need of additional theoretical preparation before undertaking independent work. Nurses who have had experience of less than six months, or without supervision, or of doubtful value, should take one of the longer courses.

It should be explained to applicants that scholarships and loans are not awarded to nurses who are able to meet the expenses of a course themselves. Candidates should apply for the minimum amount which will enable them to meet the cost of the course. Nurses who can take the course with the assistance of a loan shall be granted a loan rather than a scholarship and where possible partial scholarships, supplemented by loans, should be encouraged.[26]

With the decentralization of the Bureau of Public Health Nursing earlier methods of administration became obsolete and a different system was set up. New instructions were issued to the Chapters, whose great increase in numbers has been mentioned. Sections relating to finance are quoted below:

15. Where no Public Health Nursing Service exists or none is immediately projected it is very desirable that a Chapter establish such a service and Chapter funds may be used for this purpose. However, it will be preferable in many cases not to use Chapter funds wholly, but to enlist the support of the community by seeking the money needed from

[26] Instructions for Divisions, March 15, 1920, from general manager.

sources such as municipal or county funds, private contributions, or special campaigns.

. . . . . .

18. Where a nursing service is being conducted by a municipality or county at public expense, but is affiliated with the Red Cross Bureau of Public Health Nursing, the Chapter should be permitted to contribute money from Chapter funds to cover certain necessary expenditures not provided by law to be paid from public funds. The Chapter, however, should not take over the entire financial responsibility for a nursing service which is now being conducted by the city or county and supported by public funds.

. . . . . .

20. The desirability of establishing a Chapter public health nursing service having been decided upon, the Chapter should adopt in advance some plan for financing it. The financing of the public health nursing service shall be done by the Chapter Committee on Nursing Activities, subject to and with the advice of the Chapter Executive Committee.

21. It will be well to have available at the time of starting the service an amount sufficient to finance it for a period of at least three months.

22. The various items of expense which may be expected are:

The salary of the public health nurse or nurses.
The salary of a possible substitute for either the period of a nurse's vacation or illness.
The rent of an office for the nursing service, where necessary.
The purchase or rental of a conveyance.
Street car or train fare.
The cost of a telephone in the nurse's home.
The cost of loan closet supplies.[27]
The cost of the nurse's bag with equipment.

. . . . . .

With the promulgation of the above reorganization plans the final policy of the Red Cross was thus stated:

The Red Cross would prefer to have communities organize and finance their own public health nursing service, when possible, under the supervision of the state authorities.

Where the community is unable or not ready to bear the entire burden of financing a public health nursing service, the

[27] In effect March 1, 1919.

> Red Cross will undertake to organize the service, and finance it, with the aid of the community, or from its own funds, until such time as the State or Municipality will take over the direction and supervision of the service.

It was well known that when the Red Cross launched its Rural Nursing Service large sections of the country had no visiting nurses.

In 1909, in seventeen states of the Union, only seven visiting nurses were reported, or one to every 230,000 square miles. Throughout Great Britain and Ireland in 1909 there was one Queen's Nurse to every seventy-two square miles. On the basis of population there was (1909) an average of one nurse to 614,634 persons in the seventeen states under consideration, while in Great Britain and Ireland there was one nurse to every 27,246 persons.

The sixteen Red Cross nurses appointed in 1913 were a veritable grain of mustard seed. Nearly twelve months later the variety of groups employing Red Cross visiting nurses included:

Health Committees and Social Welfare	9
Health Committees	3
Social Welfare Organizations	4
Associated Charities	2
Visiting Nurse Associations	11
Women's Civic Clubs	3
Red Cross Chapters	2
Corporations	2
Miscellaneous	1

One year more, and the demand far outran the supply. In that year 21 new affiliations were accomplished, but 8 old ones were discontinued for lack of funds. By 1917, 85 affiliated associations were employing 97 nurses in small towns and rural communities. In that year it was estimated that all the nurses save one were at work in communities numbering from 500 to 10,000 people, the early limit of 5000 inhabitants per town having gradually risen to 25,000. Nineteen fields of work had populations running from 1000 to 5000; thirteen other fields varied between 5000 to 10,000. The visiting areas ranged from two square miles in the smallest field of 500 persons to from two to eight square miles in those having

1000 to 5000 persons, and from one to seven square miles in those having populations between 5000 to 10,000. By February 1, 1917, there were sixty-one communities where Red Cross visiting nurses were stationed. Twenty-two states entered into this list, New Jersey and Michigan each having eight, Massachusetts seven, Kentucky and Pennsylvania each five, California, Arizona, North Dakota, Missouri, Ohio and Iowa each one. During the previous year (1916) the cases having received nursing care numbered 10,286; the total number of visits made were 112,836. These visits fell, approximately, into classes as follows:

> Public school visits, eight per cent; infant welfare, seven per cent; prenatal care, two per cent; tuberculosis cases, three per cent; visits of sanitary inspection, four per cent; nursing care, forty-seven per cent; while business and unclassified calls completed the list.

In other words, bedside nursing came first with 47 per cent of visits made. Instructive visits came next, with 17 per cent, business calls, with 13 per cent; social service calls, with 11 per cent, and unclassified, 10 to 12 per cent. Inquiries from communities eager to learn of visiting nursing or to establish it now increased by nearly 100 per cent, while applications from nurses also increased. The status of public health nursing generally after the Armistice is described in the next chapter, and the statistical chart there shown gives a complete picture of the statistical side of our material.

CHAPTER XV

RED CROSS PUBLIC HEALTH NURSING AFTER THE WAR

A MONTH after the Armistice the general manager (Frederick Munroe) wrote to the Division managers the following: "With the declaration of peace the further development of our public health nursing and of our courses in Home Hygiene and Care of the Sick and Home Dietetics, which have been temporarily interrupted by the more insistent needs of the war, will now be among the foremost activities of the Red Cross." "It is planned," he wrote, "that each chapter will have a Committee on Nursing Activities through which all matters relating to this work may function," and stated that one of the activities to be assumed by this committee would be "to develop and aid the organization of public health nursing over the entire territory of the Chapter." Thus the first official step was taken toward the initiation of the expanded public health nursing program of the Red Cross after the war.

The reasons given by the Bureau of Public Health Nursing in recommending this expansion were set forth as follows:

> Public health nursing, like many social developments of recent years, had its origin in the large city, spreading slowly from one city to another and from city to town, but not expanding to any extent at first to small towns, villages and the open country. Only in the years immediately preceding the war had there begun to be an active appreciation of the need of extending the advantages of public health nursing beyond the larger centers. The attention of many students and leaders of American affairs shifted its focus to the study of the development of country life. They were quick to discover that among other elements of neglect one of the most serious was the lack of provision for the preservation of health and care of the sick. At the same time national and state agencies, both public and private, concerned with health problems, were also discovering these gaps in their system for maintaining high standards of health and were giving much thought to ways and means of filling them. State tubercu-

losis associations in many states, and state departments of health in a few, began to extend public health nursing to the people in the smaller towns and the country, and were making fair headway. And then the war came and a large part of the trained personnel necessary for the execution of these plans was drawn into war work, thereby seriously crippling their fulfillment for the time being. At the same time the need for extending health machinery and increasing the number of health workers all over the country was greatly accentuated by war conditions, and so soon as possible emergency plans to fill these needs were set going.

For five years before the war the Red Cross also was engaged in promoting rural nursing through its Town and Country Nursing Service. Having for the most part a quite uncultivated field in which to labor, this service progressed but slowly. Though the number of services under its direction never exceeded one hundred at any one time and the work consequently never reached impressive proportions, its influence was much in excess of its size and it played a valuable part in the early days of rural nursing. During the war a number of new activities came under its direction. Since the old title, the Town and Country Nursing Service, did not fit these new phases of work, it was changed to the more appropriate one of the Bureau of Public Health Nursing.

Out of the experience of the war and of the country during the war grew certain great primary lessons of more universal and convincing value than could perhaps have been taught by all the educational work of all the health agencies together before the war. It is unnecessary here to recite these lessons, since they are known to all. As the result of them at the close of the war there existed throughout the country a lively awareness of the present inadequate distribution of public health nursing, an acute consciousness of the universal need for it and a widespread demand for public health nurses.

A year after the armistice, we found in taking stock of the situation that there were two states, Ohio and Wisconsin, in which there was a mandatory law compelling every county to have a public health nurse (in Wisconsin the law provides the alternative of a public health instructor); that in sixteen states there were permissive laws enabling the counties to use county funds for public health nursing, if they choose so to do; that in fifteen states there were state supervising nurses employed by the state department of health as directors of bureaus, divisions or sub-divisions of public health nursing, whose functions were to promote public health nursing in the counties and to get county officials, county funds and county

interest back of a public program for public health nursing. According to Miss Yssabella Waters' figures there were four states, Massachusetts, Connecticut, Rhode Island and New York, in which there was one public health nurse to every four or five thousand people. Dr. C. E. A. Winslow says the ideal is one to every two thousand. From the high standard of these states the ratio decreased rapidly, the lowest being one public health nurse to one hundred and eighty thousand people in Mississippi. Wyoming had only two public health nurses; Nevada, three; Utah, outside of Salt Lake City, none. So rapidly in the last few months, however, has rural nursing progressed that no doubt these figures are already out of date.

At the same time the country was covered with "ready-made" groups of workers in Red Cross chapters. These workers were disciplined by continuous and exacting war duties; they had learned to get together for a common purpose; they had shared in the responsibilities of the nurse and had felt the exhilaration of serving others in a big cause. Their war duties were drawing to a close, but for many of them the spirit of service remained and could be put to use in community activities.

With this machinery and this spirit ready at hand and a great need existing throughout the rural parts of our country for public health nursing, the Red Cross was in a position to make a great contribution to the welfare of the people of the nation by setting the chapters to work to promote this activity in territories which otherwise might not be able to introduce it for some time to come. In so doing the Red Cross would simply be extending its traditional duties of saving life, mitigating suffering, preventing unnecessary disease and fortifying physical stamina.[1]

The Red Cross was convinced that the Chapters in rural and semi-rural communities would find an excellent opportunity to perform a service of great value through the establishment of public health nursing since there were many counties, towns and villages having no such service, where the need was great and where the installation of such a service by the chapter would be warmly welcomed. It was planned, therefore, to encourage Chapters in such localities to develop a public health nursing service.

The scope of the Town and Country Service had been limited to towns having a population less than 25,000 and to rural

[1] February, 1920, issue of the *Public Health Nurse:* "The development of the Red Cross Public Health Nursing Service."

communities. In the spring of 1918 the National Committee on Red Cross Nursing Service removed this limitation and set no restriction in its place on the basis of population. It was henceforth permissible to establish a nursing service in communities of any size when so desired. The Red Cross did not propose, however, to enter communities where the work was well established and the people well informed in public health nursing principles and procedures. Such communities were already meeting the situation in this field and were not in need of assistance and supervision. The concern of the Red Cross was for those communities in which public health nursing was just being established, where the people had yet to learn how to develop and manage this new undertaking, where advice and trained supervision were needed, or where the backing secured by being a part of the Red Cross service was a source of moral support and strength.

It was recognized that public health nursing was a public function which depended for its success on its understanding and willing acceptance by the people of the community. For this reason, it was agreed that it would be much more sound and permanent in character and wider in scope if it were built slowly and if the general public had a share in the local responsibility for and management of this fundamentally public enterprise. As public health nursing was considered to be a community service, it was to be developed in harmony and coöperation with other community activities. Furthermore, as any local accomplishment formed an organic part of the work of the state, it was agreed that the Chapter should plan its service in line with the state program for public health nursing and should always be responsive to suggestions from the state. The Red Cross was to be considered an educational agency, not necessarily the permanent directing agency, and assumption of financial responsibility by the municipal or state authorities was to be welcomed.

Moreover, as reported later: "In working out the plans for the conduct of this work, consideration was immediately given to the fact that the Red Cross was not alone in the field; that many other agencies, national, state and local, public and private, were engaged in promoting some one or more branches of public health nursing; and that much good work was already under way. These agencies were attacking the need from various angles, none of them with complete programs or with any

immediate expectation of meeting the whole need. There seemed to be no probability that all of them working together would be able to meet more than part of the great need of rural communities for some time to come. The Red Cross merely proposed to supplement the work of these agencies by bringing assistance to rural people until governmental agencies could more nearly take care of them." [2]

When this general plan had been accepted by the Central Committee of the Red Cross, instructions were issued which set forth the following policy:

> Chapter nursing activities shall always be conducted with the thought that in so far as they affect the public health they constitute one phase of a very broad public problem. With this thought in mind the chapter nursing activities shall be carried on in a manner that will assure coöperation with medical or social welfare work existing or to be introduced in the community. It is equally important that the spirit in which the work is conducted shall be one that will enlist the interest and aid of the entire community. With that end in view the activities shall be developed as a public service and not as a charity and the personnel conducting such activities shall make an especial effort to popularize them. It is not proposed to initiate public health nursing activities in communities where agencies exist for this purpose, unless to cooperate with or aid the established agencies. The American Red Cross seeks only to develop the public interest in public health nursing activities. It does not seek to retain permanent supervision of these activities and will welcome state or municipal assumption of supervision and control of all public health nursing services. The Red Cross proposes to initiate public health nursing services only in localities where there are no existing agencies for that purpose and where none is immediately projected by any other state or national organization. The Red Cross also desires to coöperate with other organizations already in the field and to render the fullest measure of such coöperative service. It does not seek to supplant or compete with any existing service or organization, or to initiate any program which will conflict with the plans of other organizations. The Red Cross rather seeks to aid other agencies with the ultimate purpose of securing the wisest possible development of the public health nursing service through the properly constituted State and local organiza-

[2] "The Red Cross Public Health Nursing Service. A History and Forecast." *Red Cross Bulletin*, January 26, 1920.

tions. Because of its extensive Chapter organization, the Red Cross feels that it is able to promote the establishment of these activities in territories which otherwise might not be able to introduce such a service for some time to come. By this development the Red Cross may make a distinct contribution to the progress of public health nursing throughout the country.[3]

Participation in and the organization of public health nursing by the American Red Cross was described as follows:

> The American Red Cross is anxious to promote this work in small towns and in the country, but would prefer to have communities [public authority] organize and finance their own public health nursing service, where possible, under the supervision of the State authorities. Where the community [public authority] is unable, or not ready to bear the entire burden of financing a public health nursing service, the Red Cross may undertake to organize the service and finance it, with the aid of the community or from its own funds, until such time as the state or municipality will take over the direction and support of the service.
>
> The ways in which the Red Cross may proceed in developing public health nursing may roughly be classified under four headings:
>
> (a) It has authorized its Chapters to develop public health nursing services and to use Chapter funds for this purpose. The work may therefore be started by the Red Cross Chapter.
>
> (b) Where one or more other local agencies, public or private, are desirous of combining in a joint nursing service and are ready to share in its cost, the Chapter may participate and contribute its share of the funds if it is proportionately represented on the committee in charge of the service and if its standards of personnel and work are maintained.
>
> (c) Occasionally an organization which is conducting a local public health nursing service desires the assistance of the Red Cross in securing a nurse and its advice and help in regard to and supervision of the nursing service. It may secure this continuous and systematic assistance by affiliating with the Red Cross Public Health Nursing Service. In so doing it must agree to maintain

[3] "The Organization and Administration of a Public Health Nursing Service. Instruction for Chapters," March 1, 1919.

certain standards of service set forth in the . . . statement called the "Affiliation Agreement" and must sign this statement as an evidence of its intention to observe these conditions.

(d) Where there is an existing organization conducting a public health nursing service which might greatly extend the development of its work through the financial assistance of a Chapter, the Chapter may contribute a sum sufficient to aid in this development. No donations from Chapter funds in excess of one-tenth of the yearly expense of conducting the public health nursing service may be made, however, except under special circumstances and with special permission from the Division.[4]

The old Town and Country Nursing Service had consisted largely, as set forth in the preceding section, of a series of affiliations with local organizations, quite independent of the Red Cross Chapter, such as women's clubs, Visiting Nurse Associations, Civic Leagues, town and school boards and similar groups. While the plan was now changed to extend the service hereafter through the chapters, the old method of creating affiliations with local organizations outside of the chapter was not abandoned, although limited by the new policy that such affiliations should not be made in states having a well developed system of State supervision of nursing under the State department of health. It was felt that the State supervising nurse was prepared to give the necessary direction, assistance and supervision to independent public health nursing organizations and that consequently any affiliations which the Red Cross might form with them would only result in needless duplication.

As stated in the first paragraph of this chapter, all nursing activities conducted by the Chapter including public health nursing were to be administered by a Committee on Nursing Activities. The method of appointing this committee and suggestions concerning its membership were set forth in the instructions to chapters as follows:

The members of this committee shall be appointed by, and continue in office during the pleasure of, the Chapter Executive Committee. The appointments to the Chapter Committee

[4] Information for Communities Concerning the Red Cross Public Health Nursing Service.

on Nursing Activities shall be approved by the Division Director of Nursing before they are confirmed. The committee should consist of as many workers as, in the judgment of the Chapter, may be necessary to carry on the work effectively and should include both men and women. It will usually be found desirable to limit the committee to fifteen members and there should not be less than five members.

The chairman of the committee shall be appointed by the chapter Executive Committee and should be a person having a positive interest in all the activities under the jurisdiction of the committee. A vice-chairman should also be appointed to carry on the work of the committee in the absence of the chairman.

The chapter Committee on Nursing Activities should include among its members one or more representatives of each of the following:

(a) The Board of Health.
(b) The Board of Education (or representative teacher).
(c) The Medical Association.
(d) The Chamber of Commerce or Board of Trade.
(e) The Clergy.
(f) Such other active local organizations as the Civic Club, Woman's Club, etc.
(g) The Chapter Home Service Section. It may be of advantage also to have a representative of the Committee on Nursing Activities on the Home Service Committee, and it is suggested that this be arranged for when practicable.
(h) The Local Committee of the Red Cross Nursing Service, where convenient; or, if not, then a representative Red Cross nurse qualified as a general representative of the Red Cross Nursing Service should be appointed with the approval of the Division Director of Nursing.
(i) Other local public health nursing agencies, if any.
(j) Chapter School Committee.
(k) United States Department of Agriculture (usually a Home Demonstration agent).[5]

Certain regulations were made concerning the nurse's service to the Chapter. The first three months were to be considered probationary and a month's vacation with pay allowed annually. It was recommended that after six months' service one half the traveling expenses incurred by a nurse in reporting

[5] "The Development and Administration of Chapter Nursing Activities; Instruction for Chapters," March 1, 1919.

for duty be refunded. One half day a week, exclusive of Sundays and holidays, was assigned for rest and recreation and sick leave with pay arranged for. If night duty were necessary in emergencies, the nurse was to have sufficient rest the following day. Private practice by the nurse was absolutely forbidden.

In addition, definite instructions were issued concerning certain aspects of the work, such as the professional relationship of the nurse to the medical profession, the inadvisability of material relief given by the nurse and the placing of the work on a business rather than on a charity basis, allowance being made, however, for those unable to pay the full cost of the nurse's visit and for the maintenance of a free service for Army and Navy men and their families and for disabled ex-service men.

In regard to appointments the instructions read:

> The public health nurses must be appointed to the Chapter by the Bureau of Public Health Nursing at Red Cross Division headquarters. . . .
>
> Nurses desiring to serve as Red Cross public health nurses must meet all the requirements of the Red Cross Bureau of Public Health Nursing and must be enrolled Red Cross nurses or must make application for enrollment. . . .

Requirements for appointment in the Red Cross Public Health Nursing Service were defined as follows:

> A graduate nurse who has had no experience or training in public health nursing cannot conduct a public health nursing service satisfactorily. The varied responsibilities demand a person who is an organizer, teacher and demonstrator as well as a nurse and one who is familiar with public health problems and procedures. These qualifications and this knowledge are only secured by experience under direction or by special training.
>
> Public health nursing is a highly developed form of nursing, preparation for which is not included ordinarily in the training school curriculum. It is necessary, therefore, for the nurse who wishes to be successful in this field to undertake a post-graduate course or to secure her training through supervised experience under the direction of a public health nurse instructor.
>
> Professional requirements for the Red Cross public health nurse are eligibility for enrollment in the Red Cross Nursing

> Service and a four or eight months' course in public health nursing, either post-graduate or taken during training, or its equivalent in supervised practical work.
>
> In addition, such personal qualifications as good health, education, public spirit, ability to manage difficult situations and to carry responsibility, must be considered. In many services a nurse is granted two weeks' sick leave with salary, though a more generous arrangement may be made where the nurse has become of proved value and where the illness has been contracted through the performance of her duties.
>
> Under ordinary circumstances, nurses should not be called for night duty, but in case of emergency, when this is done, the chapter should provide for the care of her patients during the day. The chapter should forbid any attempts made by the nurse to practice privately after hours.[6]

The instructions also included recommendations that an office, telephone, loan closet, filing cabinet, nursing equipment and suitable transportation be provided and that an accurate and adequate record system be maintained. No salary could be prescribed and only a general guide was attempted and issued.[7]

As was reported later:

> The old Town and Country Nursing Service was managed entirely from Headquarters, as it had its beginning long before the Red Cross decentralized. But with this greatly enlarged program it was necessary immediately to set up a Bureau of Public Health Nursing in each of the thirteen Red Cross Divisions and to secure public health nurse directors for these bureaus.[8]

The staff of the Bureau of Public Health Nursing at National Headquarters included the director, Elizabeth G. Fox, and an assistant, Charlotte E. VanDuzer, a public health nurse of wide experience as city visiting nurse, rural county school nurse and as medical social service worker at Bellevue Hospital, New York City. As school nurse she organized school nursing in Watertown, New York, and later in Kent County, Michigan, under the Town and Country Nursing Service of the Red Cross, did an outstanding piece of work which is still a model to be followed by rural school nurses.

[6] "The Development and Administration of Chapter Nursing Activities."
[7] *Ibid.*
[8] "The Red Cross Public Health Nursing Service. A History and Forecast," *Red Cross Bulletin*, January 26, 1920.

In January, 1920, Katharine W. Holmes, whose work in Europe has been described, was added. Steps were immediately taken to appoint public health nurses as directors to organize and operate the newly created Bureaus of Public Health Nursing in the Divisions.

In several of the Divisions, the already appointed director of the Department of Nursing was a public health nurse and was therefore appointed director of the Bureau of Public Health Nursing also. These were Elizabeth Ross, later succeeded by Bernice Billings; Jane Van de Vrede; V. Lota Lorimer, succeeded by Grace Bentley and later by I. Malinde Havey; Minnie Ahrens, and Eva Anderson. Grace Harrington and Ethel Pinder, the first appointed in May of 1920 and the second in July, 1920, to fill vacancies in the Northwestern and Southwestern Divisions respectively, were also appointed as directors of Nursing and Public Health Nursing. Three nurses, Mary K. Nelson, Nellie F. Oxley, and Olive Chapman, who were appointed Directors of Public Health Nursing in the New England, Potomac and Mountain Divisions respectively, later became Directors of Nursing as well. Most of these nurses have been spoken of earlier in the history.

Four nurses, Anna A. Ewing, Madeline Oldfield, Mrs. Ethel S. Parsons and Mrs. Grace Engblad, all of whom had served as chief nurses in the extra cantonment zones during the war, were appointed directors of Bureaus of Public Health Nursing in four of the Divisions. Having had several years' experience of public health nursing in the east, west and south and a post-graduate course at Teachers College, Anna A. Ewing was appointed to the Atlantic Division and filled the position with painstaking zeal until the Atlantic Division was merged in the Washington Division in June, 1922. Madeline Oldfield, who had had ten years' experience in public health nursing largely in or around New York City, was appointed to the Potomac Division and was later succeeded by Nellie F. Oxley. Mrs. Grace Engblad, an English woman, trained and with years of experience in this country, undertook the work in the Gulf Division, where she served until her health made a change necessary. She was succeeded by Mary K. Nelson.

Mrs. Ethel S. Parsons, a graduate of the public health nursing course at Teachers College and with several years of executive public health nursing experience in Texas, became Director of Public Health Nursing in the Southwestern Division. After

a year of service she resigned to become Director of Public Health Nursing in the Texas State Board of Health and was succeeded by Anna L. Stanley.

One of the leading school nurses in the country, Miss Stanley could not long be satisfied in a general executive position and in July of 1920 gave up the Division directorship to become special supervisor of school nursing for the Red Cross, in which position she did much to work out a standard school nursing technique for Red Cross nurses. She was succeeded by Ethel Pinder.

Two years' experience in industrial nursing gave Mrs. Florence Downing, who was appointed director in the Pennsylvania-Delaware Division, an added advantage in handling the public health nursing problems in Pennsylvania, a state of many industries.

Coming from the East originally but with ten years of public health nursing experience on the Pacific Coast, Emma Grittinger, as director of the Bureau of Public Health Nursing in the Northwestern Division, was no "outsider." Leaving for the East in February, 1920, to take up public health nursing work at Teachers College, she was succeeded by Grace Harrington.

Also with an eastern training, but a western exxperience, Mary L. Cole was taken over from the superintendency of the Visiting Nurse Association of Santa Barbara, California, to become Director of Public Health Nursing in the Pacific Division and later director of the Nursing Service as well.

Each Division Bureau was a part of the Division Department of Nursing. It remained the function of the National Bureau to determine general policies and plans, set uniform standards, outline uniform administrative procedures, make contact and work out agreements with other national agencies and to guide and help the Division Bureaus. It became the function of the Division Bureaus as projections of the National Bureau to interest the Chapters in and to help them to organize and administer public health nursing services, to secure for them trained public health nurses and to guide and assist them by visits of the Division staff to the Chapters and of Chapter officials and workers to the Division office, by regional and state meetings, through correspondence and a system of monthly reports and by other methods. The Division Bureau was responsible for the maintenance in the Chapters of standards of

nursing work and personnel set by the American Red Cross as previously described.

The operating unit was the Chapter, which was usually countrywide, or the affiliated organization. The planning, direction and execution of the work was left entirely to these local units with national standards for their guidance and with the supervision described above, which always had as its primary consideration the peculiar needs and possibilities of the individual Chapter. The line of communication was from Chapter to Division and from Division to National Headquarters. The latter did not negotiate directly with the Chapters.

In March, 1919, soon after the work was decentralized, the general manager issued two sets of instructions to be distributed by the Division managers to the Chapters. These were called "The Development and Administration of Chapter Nursing Activities" and "The Organization and Administration of a Public Health Nursing Service" and were designated as "A-700" and "A-701." Many extracts from these Instructions have been given in the preceding pages. Two pamphlets called "Information for Communities Concerning the Red Cross Public Health Nursing Service" and "Information for Nurses Concerning the Red Cross Public Health Nursing Service" were issued by the bureau, as was also a popular pamphlet for propaganda purposes called "Have you a Community Nurse?"

The typical methods used by the Divisions to introduce public health nursing to the Chapters were described by one of the Division directors of Public Health Nursing as follows:

> The progress of the work in the chapters may be indicated through the following methods which have been pursued. The work had its first introduction through the medium of a circular letter from the Division Manager to all Chapters, announcing the plan and sending a copy of A700 and A701.
>
> The next step was to make the general field representatives thoroughly familiar with the plans and purposes of the Bureau. In their general development of Chapter activities they included the giving of information concerning public health nursing as a possible activity of the Chapter. The third step was to acquaint all hospitals and training schools for nurses with the plan for providing Red Cross scholarships which made training in public health nursing available. This information was also sent to all Local Committees on Red Cross

> Nursing Service and to all Home Service secretaries. In addition, the Department of Publicity gave full information regarding the Red Cross plans for public health nursing to the publicity chairmen of the different Chapters and also to press officials. The Division publication, "Red Cross Briefs," also carried regular articles on the subject and in order to make this information available to nurses about to be graduated, every hospital in the accredited class was asked to furnish a list of the senior nurses in their training schools and these nurses were put on the regular mailing list for "Briefs," thus giving them each week current information regarding the progress of the work of the bureau and other information which might be of value to these prospective nurses in planning their work after graduation.

Efforts were made by the Division Directors to visit in person or to send a nurse assistant to visit as many of the Chapters as possible both to introduce the work and to help the Chapters which were interested to take the right steps toward its organization. Some of them commented as follows:

> Only those Chapters were visited by us who requested us to do so, saying they were interested or could be interested.
>
> . . . . .
>
> Every Chapter and most of the larger branches in the Division have been visited by the Division Director of Nursing and the health program presented.
>
> . . . . .
>
> The Division Director made personal visits to Chapters, held conferences, spoke to groups of nurses, Chapter executives, high school pupils, physicians, boards of health, and to various other groups of people.

While this was going on in the Divisions, much publicity was being given the public health nursing program by the Red Cross in newspapers, popular magazines, nursing journals, the *Red Cross Magazine* and from the platform.

The response from the Chapters to the suggestion that they might engage in public health nursing was so immediate that the Division directors were soon overwhelmed by its volume.

As an immediate corollary, it was reported, they had to find public health nurses to fill the positions which immediately began to spring up, or to interest other nurses in securing the necessary preparation to fill these positions.

The second proposition was much harder than the first. Hundreds of Chapters received with great interest and zest the information that under certain conditions they might engage in public health nursing and were eager to get under way at once. Their demands speedily outran the supply, and the Division directors had to turn from stimulation to restraint.

They described the methods used to reach and interest nurses as follows:

> Interviews and correspondence with nurses in Division offices; addresses to nurses at State and local organization meetings and to pupils in training schools; circularization of nurses and superintendents of training schools; distribution of the booklet "Information for Nurses" and Division bulletins to senior classes of training schools; personal talks to nurses who were to take state registration examinations; influencing Chapters to interest senior nurses in training schools by inviting them to social functions at which public health nursing was presented; advertisements and write-ups in newspapers, magazines and *The Public Health Nurse* and the *American Journal of Nursing*.[9]

They ascribed their inability to keep up with the demand to a variety of causes, the most common being: the lack of properly qualified public health nurses; the lack of convenient post-graduate schools and their overcrowded condition; the inability of many nurses to take post-graduate training because of insufficient education or lack of funds; the difficulty in getting nurses to undertake rural work, and the scarcity of accredited training schools in several states.

In June, 1920, the national director of Public Health Nursing reported:

> During the year nearly 800 nurses have been added to our field staff and 20 per cent of the chapters have been enabled to launch a public health nursing service, a truly remarkable achievement. The securing of so large an additional personnel in so short a time was due principally to three things:
>
> 1. The return of thousands of nurses from overseas, many of them with a new interest in public health nursing. While hundreds of these came into our service, hundreds also went into public health nursing under other auspices, thus greatly increasing the total number of workers in this field.

[9] "The Red Cross Public Health Nursing Service. A History and Forecast." *Red Cross Bulletin*, January 26, 1920.

2. The active campaign carried on by the Divisions in all nursing centers, such as training schools and state and local nursing associations, and the broadcast advertising given rural nursing. The Red Cross has made rural nursing popular among nurses. Formerly interest was largely directed toward city work, and only a few nurses had caught the vision of the great opportunities awaiting them outside the large centers. To-day rural nursing occupies the limelight, and nurses by the hundreds are flocking into it. They have had their imagination fired by the infinite possibilities for original, effective and very human service in the smaller towns and the country.

3. During the past year 278 scholarships and 69 loans have been awarded from the National Fund of the Red Cross to graduate nurses to enable them to secure public health nursing training at one of the accredited schools or universities giving a public health nursing course. The Chapters also have shown great interest in assisting nurses to become fully prepared for their public health nursing work, and have given approximately 264 scholarships for this purpose. The Metropolitan Chapter of Boston alone has furnished 60 scholarships to graduate nurses, leaving them free to take up their public health work in whatever part of the country they desire. [This was also true for other Chapters.]

Both the National Red Cross and the large city Chapters have been most generous too in aiding schools and universities giving a public health nursing course to perfect either their theoretical or practical work. Peabody College has been helped to carry on its course through a large subsidy from the Red Cross and at the University of Louisville, Kentucky, the salary of a director for the course is contributed by the Red Cross. . . . A practice field is being provided for the course at the University of California, and the Richmond School of Social Service and Simmons College, Boston, have been aided with appropriations. The Minneapolis Chapter is financing the practice field in Hennepin County for the course in public health nursing given by the University of Minnesota. The St. Louis Chapter is contributing not only the entire cost of the practice field for the public health nursing course given by the Missouri School of Social Economy, but the salary of the director of the course and three supervisors as well. The New York County Chapter has made a large appropriation toward the preparation of public health nurses at the Henry Street Settlement, New York City.[10]

[10] The University of Michigan and the School for Social Service at Philadelphia were given financial assistance later by the National Red Cross.

> Because of the tremendous demand for nurses trained especially for public health nursing, because of the popularizing of rural nursing which demands special preparation, and because of the much needed assistance rendered hundreds of nurses through Red Cross scholarships, there has been a remarkable boom in all the schools giving courses in public health nursing. Formal training in public health nursing through definite educational channels has been given tremendous impetus, and nurses generally are becoming convinced of the need for such training before undertaking public health nursing. Attendance at the various schools for public health nursing increased during the school year 1919-20 from 100 to 1000 per cent. Three new courses were opened and there are definite prospects of three more being opened in the fall of 1920.

At the conference of the staff of the Department of Nursing at National Headquarters in the fall of 1919, it was estimated that the Divisions would need over 1000 public health nurses in the next year. The great question was how to secure them. The number of nurses returning from overseas service who had had training in public health nursing and whom it was hoped to recruit for chapter service was far too few. The scholarship fund of $100,000.00 was a great help toward obtaining a trained personnel, but meant delay while the nurses were receiving their public health nursing training. In the meantime the Chapters were clamoring for public health nurses.

In the discussion at the conference, the directors spoke again and again of the eagerness of the Chapters to help their communities through establishing a public health nursing service and the pity of losing the opportunity. Various methods of adding to the supply of public health nurses without seriously lowering the standard established by the Red Cross were discussed: the sending of nurses to a good visiting nurse association for a few months' experience and then placing them in a Chapter service with the understanding that their theoretical training should be gotten at the first opportunity; or the placing of carefully selected nurses who had had teaching experience but no public health nursing experience in positions under continuous supervision for a few weeks with frequent follow up visits so that they might learn while gaining experience in the field and delay the taking of the course until the opportunity arose.

It was the growing sentiment of the conference, however, that a four months' public health nursing course was little enough training to require and Miss Gardner crystallized this feeling in words which met with overwhelming agreement:

> Before we put in inexperienced nurses why couldn't we frankly say that we haven't the goods to deliver? This is not a proposition that we can go at by leaps and bounds. It is slow moving. We are going to lose a certain amount of enthusiasm, but we can afford to. We should educate the Chapters more and stimulate them less. Let us frankly say we cannot meet the demands with trained people all at once and must wait until we can, rather than resort to all sorts of makeshifts.

In view of the stand taken by the directors that the Red Cross should not attempt to meet the needs of the Chapters with unprepared nurses, another way of securing a few experienced public health nurses was brought up for discussion. It was suggested that Visiting Nurse Associations should be looked upon as recruiting and training centers for public health nurses, giving them, through actual experience on the staff under supervision, sufficient preparation for independent work in the country. Ways of accomplishing this without making it difficult for the already overburdened Visiting Nurse Associations were discussed. The conclusion seemed to be that two methods might be followed. The first, suggested by Miss Gardner, was to send nurses from a given locality to a Visiting Nurse Association to become a member of its staff for a sufficient period to gain necessary experience, probably not less than eight months, and then to return to the community from which she came, to take an independent position. The Visiting Nurse Association would probably be able to take such a nurse on the usual salary basis. The second, that already in vogue, was for the Division directors to make personal or written requests to specific Visiting Nurse Associations for candidates to fill specific vacancies, since the nurses with the Visiting Nurse Associations were more likely to be interested in a concrete offering of a definite position than in a general appeal for interest. Directors in Divisions far removed from the larger Visiting Nurse Associations might, by this method, interest some of the nurses on such staffs to come to their Divisions to definite positions.

The Division directors concluded by unanimously recommending the continuance of a national fund for scholarships

and loans to prepare nurses for public health nursing in the regular post-graduate courses.

Several months later the problem of meeting the needs of the Chapters for public health nurses having continued acute, the subject of some temporary measure to meet the need was again considered. A plan was laid before the Divisions for the employment of nurses not fully qualified because of a lack of sufficient training or experience in public health nursing. It was proposed that these nurses should be appointed as substitutes, be given two months' preliminary preparation on the staff of a recognized public health nursing organization under supervision and then be placed in Chapters under much closer supervision than that given the regular staff.

It was further proposed that these substitutes should carry on a process of self-education through prescribed reading and be encouraged to complete their preparation as soon as possible through taking a full standard course, or at least a summer course of six weeks.

This plan was decided upon with much reluctance and apprehension, because it was feared that nurses with so inadequate a preparation would not be able to meet the many responsibilities of a public health nurse, since those with far better preparation were finding that their knowledge was scarcely equal to their tasks and that they had to draw on every resource to handle the problems daily confronting them.

It was a pleasant surprise therefore to discover that the chapters on the whole had so far progressed in understanding the range and importance of public health nursing that they were not willing to accept this opportunity to launch a service without further delay, but preferred to wait for a fully qualified public health nurse. In the words of one state supervisor's report:

> Here I found the Committee on Nursing Activities composed of seven men and two women, and the most wide-awake committee we have. They were well organized, seeking information, studying the proposition from all angles and willing to wait until a very competent nurse can be located.

Nurses were no more interested in this substitute plan than were Chapters, and it was not possible to find many willing to undertake it. In an Annual Report the national director of Public Health Nursing stated:

> The plan for the use of substitutes has not met with much enthusiasm so far. The five Divisions which are able to fill their positions have no need of it. In many states the State standard has now been elevated and a return to a more elementary form of training would not be acceptable to the state, as in California, for instance. A very practical obstacle has been that the Chapters themselves, and even many public officials, are not willing to start their nursing service with a nurse who is not sufficiently trained to do a big constructive piece of work. They demur when it is suggested that they accept a substitute and frequently say they would rather wait until a fully equipped public health nurse can be had. Every division reports this same response. Substitutes are not going to be popular. Furthermore, the nurses themselves have passed the stage of makeshifts and are daily becoming more impressed with the need for further preparation. Few nurses of the right sort are willing to accept the status and preparation of substitutes. Nevertheless, the plan will be tried in perhaps a half dozen states where the need is pressing and the supply small.[11]

As a result the plan soon fell into disuse and was abandoned. Not more than thirty substitute nurses were employed.

It must not be construed, however, that all the Chapters were so enlightened that they recognized the value of employing only a qualified public health nurse. Every now and then the Division directors found that some Chapter had employed a local nurse with no training or experience in public health nursing without consultation with the Division. In the course of time, however, it frequently turned out that the Chapter regretted its action and later came to the Division seeking a nurse with adequate preparation. It also happened even more frequently that the nurse engaged by a Chapter without any public health nursing experience or training soon discovered that she was beyond her depth and voluntarily decided to seek further training. This tendency was mentioned in several of the monthly reports:

> One of the healthy signs of growth is that the nurses who have gone on duty without sufficient training have in every instance recognized their need and have applied for assistance in planning for post-graduate courses.
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> . . . . . .
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> In the Lake Division no less than four nurses insufficiently prepared and placed by Chapters without due consultation

[11] Annual Report, July 1, 1919 to June 30, 1920.

with Division headquarters have themselves now felt the inadequacy of their own training and are seeking to supplement it by a course in public health nursing.

. . . . .

On the whole, the effect of Red Cross public health nursing has been to elevate the standard. Some of the State department of health men still say quite openly that they think the Red Cross is demanding too high a standard, but many of them are coming to feel that we have been wise in maintaining a high standard and a good many people in the Chapters are beginning to realize the necessity of demanding nurses with better preparation.

. . . . .

There is much more definite recognition of the need for special training for public health nurses among all groups employing such nurses. Appreciation of the necessity of special training is constantly increasing among the nurses themselves with the sudden prominence given to public health nursing.

. . . . .

We feel that our program has had a stimulating effect and aroused the interest not only of the nurses but of county boards of supervisors. In a recent conference with a member of a board of supervisors we were told that the board realized the need for qualified women and was especially anxious to have the supervision of the Red Cross. Chapters who have put on unqualified nurses without the knowledge of the Division office have almost invariably come to realize that the nurse is not able to carry the program and have asked us to assist them to secure proper preparation for the nurse. When such nurses have resigned and the Chapters have asked for another nurse they have stated they would prefer to wait indefinitely in order to have a qualified public health nurse.

It must be confessed that now and then one of these unqualified nurses did surprisingly well, combining valuable experience in other nursing fields with personality and good sense. One State director reported the work of a nurse with no public health nursing training:

Miss ———— deserves special mention. The technique of her work seems ideal, and her accomplishments have been marvelous. In no district has been found better coöperation from doctors and nursing committees. This is due almost

> entirely to the personality of the nurse. Her marked success and the failure of some of the young graduates of the four months' public health courses gives rise to the question as to whether an older nurse with experience as a hospital executive, even without public health training, is not preferable. As the State is now districted, the district supervisor is able to give close supervision to all nurses, and certainly in this one instance the experiment has been successful. In almost every instance do we find that the older women are doing better work than younger nurses.

With the rapid growth in the number of public health nursing services the necessity arose for securing assistance by building up a field staff, each department in the Red Cross having its own specialists in the field. Before decentralization eight Division Directors of Public Health Nursing had been appointed who in turn had appointed fifteen assistants and field supervisors. As even this expansion was inadequate the national director in the summer of 1919 sent this memorandum to the general manager recommending that the staff be doubled:

> The American Red Cross in undertaking the promotion of rural public health nursing throughout the country has taken upon itself the responsibility for a very far-reaching and important public activity. This undertaking will be either a widespread, superficial, comparatively unproductive and poor piece of work, or else it will be an intelligent, thoroughgoing, permanently productive enterprise.
>
> . . . . .
>
> With almost no exceptions the Chapter people know very little about public health administration in general and in particular of the activities carried on under the name of public health nursing or community nursing. The suggestion that they should undertake to develop public health activities within their jurisdiction usually is a new idea to them.
>
> . . . . .
>
> There is very definite and immediate need for the enlargement of the Division staffs. In response to our stimulation many of them are conceiving original plans for carrying on public health nursing, which very frequently are not sound nor well adapted to local needs. Inasmuch as they have little knowledge of the scope, functions, principles and management of public health nursing, it is quite natural that their plans frequently should be unwise and imperfect.

> The overwhelming demand for public health nurses has made it necessary for us to appoint to independent and responsible positions many nurses who are young in years, lacking both in general experience in the world and special experience in public health nursing. We are requiring only a minimum of preparation.
>
> For all of these reasons it is absolutely essential to the success of our work that there should be very close contact between the Chapters and the Divisions; that there should be personal visitation at frequent intervals; and that guidance and assistance should be at all times available to the Chapters without undue delay. This necessitates adequate and well-trained staffs at Division headquarters permitting constant field supervision. It seems essential that there should be provision on the staffs of the Division Bureaus of Public Health Nursing for at least one public health nurse for each state to act as field organizer and supervisor.

By fall, that is six months after decentralization was completed, the Division and field staff numbered 42. In this same time the number of local nurses had grown from 99 on March 1, 1919, to 316 October 1 of the same year. A paragraph in the Annual Report for the fiscal year ending June 30, 1921, reads as follows:

> In addition to the Division Director of Nursing local Red Cross nurses are receiving help and supervision from fifty-five supervising nurses, which is an average of twenty-four local nurses to one supervisor. Of these fifty-five supervising nurses, thirty-seven are employed wholly by the Red Cross and eighteen are shared with the State department of health or the State Tuberculosis Association or both. It is our hope that our supervisory staff can be increased sufficiently to give more assistance to the young nurses who are taking up their first piece of executive work. All of us need help and advice and inspiration, but especially when we are starting out alone into a new field, and it is a serious obligation on the part of the Red Cross to give full measure of support and assistance to these young pioneers in our service.

At the meeting of the National and Division staffs of the Department of Nursing at National Headquarters in the fall of 1919, referred to previously, a discussion of the need of the chapter nurse for assistance brought out many interesting points of view and suggestions. Several felt that the nurses

needed much help in the first few months of their service and should be visited frequently. Others thought that a supervising or organizing nurse should go with the newly appointed nurse to her new territory and assist and guide her in making her contacts. Still others felt that organizing nurses should go into a county, before the coming of the Chapter nurse to prepare the ground for her reception and insure the right working relations between the nurse, the committee and the community.

The concensus of opinion in regard to supervision was that it should be primarily for the purpose of consultation and encouragement; frequency and length of visits depended largely upon the nurse; the nurse should if possible be given a chance to spend a few days at the Division office before taking up her work with the Chapter in order that she might learn something of her Chapter and of general Red Cross organization and procedures. It was felt that if a nurse was well prepared for her work she should be given the chance to make her own contacts and to develop her own initiative.

It was also suggested that the nurses would learn much from each other and from the Division staff if they could come together occasionally in state meetings or in smaller meetings of those in a group of counties. This plan was followed with good results in a number of Divisions. Meetings were arranged of Chapter nurses from perhaps eight or ten adjacent counties at the most central point. Often the nurses drove to these meetings on a Saturday. They were usually the guests of the Chapter of the county in which they were entertained. The Division director or a field supervisor usually met with them and many practical problems were discussed. Another way of comparing experiences and passing on ideas, of forwarding helpful suggestions and of keeping the nurses in touch with what was going on in the Red Cross was through the issuing of periodical Division bulletins to the nurses. The bulletins were informal, newsy, personal documents, not pretending to be dignified literary achievements but partaking more of the character of a family letter. This method proved so popular, stimulating and helpful that it became the regular practice in nearly all of the Divisions.

A large volume of correspondence passed between the nurses or members of their committee and the Division office. Through the receipt of the nurses' monthly statistical and narrative

reports the Division directors were able to keep in pretty close touch with the work of the nurses and with their problems and to offer many suggestions.

In many Chapters where a public health nurse was employed there was already a Home Service secretary in charge of the social work of the Chapter. It happened occasionally that a difficulty arose in determining what should be the division of work between these two. As a guide to a solution of this difficulty, Miss Margaret Byington of the National Department of Civilian Relief and later director of Field Service prepared in collaboration with Miss Fox a statement which defined the respective functions of both nurse and social worker so that there should be no duplication but rather a dovetailing of each other's activities to insure a unified piece of family health and social work. Matters of health were thus the responsibility of the nurse, and social and economic problems that of the social worker, both being alike responsible to the Chapter Executive Committee and neither undertaking to direct the work of the other.

A better understanding also grew out of State and Division conferences attended by Home Service secretaries and public health nurses. A report of one such conference stated:

> Tennessee was well represented at the conference held the last week in August at Division headquarters for Home Service secretaries and nurses. This conference was particularly necessary and proved to be most valuable in making it clear to secretary and nurse just what their respective duties were and how they were related very closely to each other. It also gave a vision of what cordial team work could accomplish, as the reports from communities where Home Service secretary and nurse were working together were a real inspiration. I am quite sure that each Home Service secretary and nurse who was working alone went away with a desire to so organize their community that a co-worker would be employed.

The tendency on the part of the Chapters to use the Home Service secretary as executive secretary led occasionally to discord which required a visit from the supervising nurse or field representative to adjust. Since experience had proven the wisdom of keeping the line of responsibility from the nurse to Nursing Activities Committee and from the Nursing Activities Committee to the Executive Committee it was not necessary

for the executive secretary to assume any responsibility for the nursing service other than that of helping to coördinate its undertakings with other activities of the Chapter.

The instruction that public health nurses should not engage in relief giving was found to be too rigid to be followed at all times in Chapters having no Home Service worker and communities having no social worker. In such localities, in order to accomplish her primary purpose of alleviating and preventing disease, the nurse was confronted in many homes with the necessity of first removing the social or economic difficulty which was causing the ill health. The safest and wisest procedure seemed to be for the nurse to report her problem to her Executive Committee and to place the responsibility for action with it. In such situations as these the Division was prepared to give attention to each individual family problem and to advise the Chapter Executive Committee.

A matter of important concern to the Red Cross was its initiation into State departments of health and other State agencies, such as the State Tuberculosis Association, from a standpoint of coöperation and the maintaining and upholding of the authority of the State department and the good work of all while developing public health nursing in the Chapters as a part of the Chapter organization and program. The Red Cross believed that the State departments of health should have the moral if not the legal authority and responsibility for outlining a State-wide, general program for the development of public health nursing throughout the State, and for establishing and maintaining at least a minimum standard of personnel and service. It believed that the programs of public and private local organizations should fit in as far as possible to the general program for the State as a whole and should be under the general oversight of the State in regard to standards of personnel and practice. The Red Cross also believed that the State would have no reason nor desire to interfere with the internal organization and administration of local private agencies or their relation to their central bodies, as long as the State standard was maintained as a minimum and as long as the activities of the private agencies did not conflict with the general plan outlined by the State.

There was at first in several states an attitude on the part of some of the State departments of health of doubt and even disapproval of the Red Cross purposes in expanding public

health nursing through its Chapters. This was due largely to the fact that it was a slow and difficult task to bring about working agreements, owing to the rapidity with which the work expanded, the diversity of conditions in each State, and the differences in program and development of the various State departments of health. Thus in order that there might be some generally accepted principles of coöperation, representatives of the Executive Committee of the Conference of State and Provincial Health Authorities, the National Tuberculosis Association and the American Red Cross carried on a series of consultations. These resulted in December, 1919, in a mutually accepted statement of principles as follows:

I. In undertaking to develop public health nursing the Red Cross does not seek to supplant or compete with State and local departments of health or other organizations,—national, state or local, public or private, engaged in the same work. It seeks rather to supplement their activities by assisting legitimate public health nursing agencies and by establishing itself or working with other agencies to establish community nursing services. It plans to interest its Chapters throughout the country in public health nursing with this purpose and policy in view.

II. The Red Cross believes that in time public health nursing should and will become a public service conducted by the State, county or municipality, through their official health agencies. Red Cross Division officers will seek consultation with the State health authorities in each state where this has not already been done, for the purpose of learning what plans the State Department of Health may have for developing public health nursing, and of determining in what way the Red Cross may cooperate and make Red Cross plans for the development of this work by its Chapters throughout the state conform to the plans of the State department of health. In this undertaking the Red Cross will have as its object the ultimate assumption by the State, counties and municipalities of public health services initiated by its Chapters.

III. Following this principle the Red Cross will encourage the creation of a Bureau, Division or Sub-Division of Public Health Nursing within the State department of health, which should assume such supervision of public health nursing as may be assigned to it by the chief health executive officer of the State.

IV. (a) Looking towards the establishment of a bureau, division or sub-division, a State supervising nurse might be appointed to serve the State department of health, who would study the public health nursing needs of the State, would work out a plan to cover them, assume supervision of local services, as indicated in paragraph III, and correlate so far as possible the nursing activities of other agencies within the state such as the Red Cross and the State Tuberculosis Association.

(b) In states where these two agencies are working extensively it is suggested that the State supervising nurse should have assistant supervising nurses, one in charge of the nursing activities of the Red Cross and one in charge of these activities for the State Tuberculosis Association. These two agencies would provide the salaries for the assistants in charge of their respective activities. The assistants would be responsible both to their respective agencies and to the State supervising nurse and would submit their plans to her for adjustment and endorsement.

V. In each State a Committee on Coördination of Public Health Nursing Services might be created representing the State Department of Health, the Red Cross, the State Tuberculosis Association and other appropriate agencies to advise with the State Department of Health at frequent intervals concerning the best alignment and cooperation of the various nursing activities.

VI. Where State supervising nurses, assistant supervising nurses and other public health nurses attached to the State health organization and supported by funds contributed jointly by the State health organization and other agencies or are contributed wholly by such agencies, appointment should be made by the State health executive with the approval of the participating agencies. Such appointment should not be in conflict with existing laws of the state. Public health nurses supported wholly by funds contributed by the American Red Cross or other extra-governmental agencies should be free from Civil Service restrictions.

VII. Where the State Department of Health is unable to provide the salary for a state nurse and where some mutually satisfactory plan of coöperation (such as that outlined above) has been agreed upon by the State Department of Health, the Red Cross and State Tuberculosis Association, the salary might be paid in part or in whole by any

or all of these and other agencies. This should be a temporary measure, the State to assume the salary as soon as possible and the nurse regardless of the source of her salary should be state supervising nurse for the State Department of Health.

VIII. Where the Red Cross pays in whole or in part for any nursing service, Red Cross standards of appointment of nurse and service should be observed.

IX. Public health nursing as carried on by the Red Cross may cover any of the following activities:

Prenatal or infant welfare work,
Maternity service,
School nursing,
Control of communicable diseases, including tuberculosis and venereal diseases,
Industrial nursing,
Mental Hygiene nursing,
Care of the sick on the visit basis.

Which one or ones of these branches is to be undertaken by the Red Cross Chapter in any given community would be determined by the need, by the adequacy of any existing services, by the practical factors of territory to be covered and population to be served and by the plan adopted by the Red Cross after consultation with the State Department of Health for the development of public health nursing by the Red Cross in that state.

While this statement was in process of preparation there arose a need for a supplementary statement to cover the principles to be followed in states where there was no State bureau of public health nursing and no State nurse, but where both the Red Cross and the State Tuberculosis Association were engaged in promoting public health nursing. The gist of the plan which was suggested to meet this situation was contained in the first two paragraphs of a supplementary statement drawn up by the Red Cross and National Tuberculosis Association:

I. It is highly desirable that a public health nurse should be appointed by the State health officer upon joint recommendation of the Red Cross and the State Tuberculosis Association to have charge of public health nursing within the state. Her expenses might be shared by the State Department of Health, the Red Cross and the Tuberculosis

Association, or by the latter two, until such time as the State Department of Health is able to assume part or all of her salary.

II. This State Director of Public Health Nursing shall be made the official representative of the Division Bureau of Public Health Nursing of the Red Cross, and of the State Tuberculosis Association, and shall be charged with the responsibility for the development of their public health nursing activities in conformity with the plan of organization, methods of procedure and standards of each. Through the State health officer she shall be responsible to the State Tuberculosis Association for its part of her work and shall be responsible to the Division Director of Public Health Nursing for nursing activities in which the Red Cross Chapters participate.

The principles set forth in these two statements were followed in the working plans that were subsequently agreed upon in a number of states. The efforts made to work out coöperative plans in the various states were described in these words:

The formulation of working arrangements in the states, however, on the basis of these principles has been a slow and difficult task. No two State agreements have been just alike. In 22 states a definite written agreement has been made with the State Department of Health. In 7 more, an agreement will soon be in written form. In 6 states, there is a definite understanding but no formal agreement, and in 13, the final plan of coöperation has not yet been determined, in a few of which we have been unable to reach any common ground. In these few, however, we are slowly overcoming antagonism and approaching the day when peaceful coöperation will be possible.

The majority of these efforts at coöperation are working out very well. There are at present 11 states in which the State wholly finances its State program of public health nursing. In these states the Red Cross has done one of three things:

1. It has made the State nurse, already appointed by the State Department of Health, the official representative of the Red Cross Department of Nursing as well.

2. It has supplied an assistant State nurse in charge of Red Cross nursing.

3. It has maintained its own State nurse, who works in

close consultation and coöperation with the State Department of Health, though independent of it.

In 7 more states the State pays the larger part of the State nursing budget, the Red Cross contributing the remainder under a coöperative arrangement similar to one or the other of the first two plans given above. In 7 states in which there has been no State nursing service, the Red Cross is developing such a service under the auspices of the State health officer but at Red Cross expense. In 7 states the State nursing budget is financed jointly by the State, the Tuberculosis Association and the Red Cross. In the remaining states the Red Cross is working independently in anticipation of joining hands with the State within the next few months.

Our efforts have been directed primarily toward finding a method of coöperation with the State departments of health, and secondarily, wherever possible, of including coöperation with the State Tuberculosis Association at the same time. In 15 states this joint agreement has been effected. In several states we are working amicably by the side of the State Tuberculosis Association, although there is no formal agreement. In some states its program does not include the organization of local public health nursing service. At present the Red Cross is responsible for the salaries of approximately 50 State and assistant State supervising nurses.

The activity of the Red Cross in organizing town and county public health nursing services, in developing supervision on a State basis, and in providing or contributing toward the provision of the personnel for State bureaus of public health nursing has done much toward advancing State public health nursing programs. State bureaus wholly or partially maintained by State funds have been created in more than a dozen states during the past year. Legislation will be pushed in a number of states to provide public funds for State bureaus of nursing now financed by private contribution, or to increase the State budget already provided for this purpose. The character and standards of State work have also been noticeably improved and elevated. The superior quality and better results of work done according to high standards has been so convincing that many public officials, who at first thought our standards were too high, are now saying publicly that a nurse without special training or experience in public health nursing rarely accomplishes any constructive work.[12]

In the course of time, as the Chapters continued to undertake public health nursing services and as these services became

[12] Annual Report, July 1, 1919, to June 30, 1920.

more closely integrated with the other activities of the Chapter, the need became clearer for maintaining a close connection between Chapter public health nursing and the whole Red Cross organization as directed and supervised from the Division. It did not seem appropriate or desirable to require the State or assistant State supervising nurse of the State Department of Health to give as much of her time, energy and thought to Red Cross matters as was necessary to maintain the necessary internal relationship between the Chapter public health nursing services and other Chapter work, and to take part in the general administrative obligations of the Red Cross under the direction of the Division Staff Council (the need for which will be explained later in this chapter).

In order to accomplish these Red Cross objects and at the same time to adhere to the principles agreed upon with the Executive Committee of the Conference of State Health Authorities, it was necessary merely for the Division to arrange to assign a member of the Division nursing staff to act as an assistant supervising nurse in states in which the State Department of Health had a State nurse, with the understanding that this nurse in her capacity as assistant would have complete charge in all matters of internal organization of the Red Cross public health nursing services in the state under the guidance of the Division.

To the end that this procedure might have the understanding and approval of the State health authorities the Executive Committee of the Conference of State Health Authorities was invited to meet with the Red Cross national officials and Division managers at Washington on April 20, 1921. The report of this meeting was as follows:

> In response to the request of Mr. Persons (vice chairman), Miss Fox put before the meeting the problems with reference to the public health nursing services now being carried on by the Chapters of the American Red Cross in accordance with agreements made by the Red Cross with the various State health authorities.

These problems are:

> 1. The intense demand for public health nurses has forced the placement in Chapters of nurses who are inexperienced and inadequately trained in community organization, in the use of volunteer assistants and in the stimulation of general Chapter

development. It is not so much a question of adding work to the well recognized forms of public health nursing as it is the adaptation and correlation of the nurses' service to other aspects of the Chapter's program in the local community. Chapters find it impossible to have their nursing service divorced from their Junior Red Cross work, their Home Service and several of the other recognized Red Cross activities.

2. Under the present form of agreement with the health authorities in several states, in accordance with which the nurse who supervises the Red Cross nurses is the State supervising nurse, it has been found that she cannot give sufficient time and attention to the peculiar phases of Red Cross public health nursing to meet the needs of the nurses employed by Chapters, to detect weaknesses in Chapter machinery, to develop other kinds of Chapter service and to organize community interest.

Miss Fox pointed out how the newer forms of agreement and understanding which have been worked out in the State of Michigan, where there are more than 65 Red Cross nurses, are proving satisfactory and effective in solving the problems of the Red Cross. Dr. Olin (Commissioner of Health for Michigan) and Miss Ahrens (Director of Nursing in the Central Division) explained in detail the present arrangements.

Both the State supervising nurse and the Red Cross supervising nurse were appointed upon the joint approval of the State health commissioner and of the Division office of the Red Cross.

Each time before the Red Cross supervisor goes into the field she consults with the State supervisor of nursing about the local situation of each place which she plans to visit. In this way the local Red Cross nurse receives a direct message as to State plans and is kept closely in touch with the State bureau of nursing. The State report forms are used by the Red Cross nurses and duplicate reports are filed with the State bureaus. The Red Cross nurses write directly to the State Department of Health on all official health matters. They write to the Division office on technical nursing questions and on matters relating to Chapter business.

It was the general opinion, expressed by Dr. Crumbine (State health officer of Kansas) and other State health officers, that the public health program of the American Red Cross has been well articulated with the State nursing programs and that, with the exception of an occasional misunderstanding due to the blunder of some individual, there was less trouble in correlating those activities than there was in keeping alive the interest of the community and in pro-

moting the idea of rural public health nursing. Dr. Crumbine was convinced that the necessity for keeping Red Cross Chapter activities entirely under the Red Cross, if Chapter interest is to be maintained, had been taken too lightly. It was also generally agreed that it is to the interest of the State to have Red Cross Chapters attain permanency, stability and continuity. These, better than the official agencies, can educate communities to want public health nursing and to appreciate standards in nursing. Eventually all the Red Cross nurses should be taken over by public local health authorities, but it is anticipated that it will require a long time to bring this about in some communities. The Red Cross must, therefore, pursue a policy that will both raise its nursing standards and insure Chapter understanding and support.

In reply to a question from Dr. Williams (State health officer of Virginia) Mr. Persons assured the health officers that new forms of coöperation in the various states would be effected only as both the Red Cross and the State health authorities had reached a full and complete agreement. The Red Cross is not approaching this situation with preconceived ideas to be rigidly applied in all situations. . . .

There was general agreement that better mutual understanding would be achieved if the Division managers and the State health officers met more frequently in friendly, informal visits, when things are running smoothly, and not, as now, when, usually, contacts are limited to the occasions on which there is some question at issue.

Because of the partial identity of goals and problems, even though there was distinct divergence of method and approach, the need arose for an understanding between the Red Cross Public Health Nursing, the National Tuberculosis Association and the National Organization for Public Health Nursing. The successful accomplishment of this understanding was reported as follows:

Last December the National Organization for Public Health Nursing, the National Tuberculosis Association and the Red Cross came together to discuss their respective nursing programs for the purpose of deciding upon a division of labor, methods of coöperation and channels of consultation. As a result, the functions of each in the field of nursing were defined, measures for the use of each other's facilities were adopted, the undertaking of certain projects jointly was determined upon and a permanent conference committee ap-

pointed. This action shut the door on the possibility of misunderstanding, wasteful duplication and divided interest among public health nurses and opened up great opportunities for joint effort, intelligent team work and united support.

The agreement follows:

Foreword:

The Red Cross and the National Tuberculosis Association, through their Division and State organizations, being the organizations probably administering the largest number of public health nursing services, and the National Organization for Public Health Nursing, as the voluntary body representing all types of public health nursing, necessarily have many interests and problems in common. Therefore, they seek to supplement each other by utilizing the facilities of each in common as far as possible and by joining forces in undertakings in which it is advantageous to do so. To accomplish this it is necessary that the functions of each organization and the lines of coöperation be clearly defined and future lines of coöperation be, so far as possible, anticipated. These three organizations, through their accredited representatives in conference assembled in Washington, D. C., December 5th, 1919, hereby define what each organization considers to be its functions in the field of public health nursing, and enter into an agreement as to methods of performing its functions by means of coördination and coöperation. . . .

Ways and Means of Coöperation.

I. *Educational*

1. *Courses*

The Red Cross and the National Tuberculosis Association look to the National Organization for Public Health Nursing to take the lead in matters pertaining to the education of public health nurses. Before granting either financial subsidy or scholarships to a post-graduate course for public health nurses the Red Cross will require that the course be endorsed by the National Organization for Public Health Nursing. The National Tuberculosis Association will make the same requirement, but will insistently urge through its representative on the Educational Committee of the National Organization for Public Health Nursing that such courses make provision for a suitable proportion of teaching of

tuberculosis and is ready to coöperate in establishing standards of teaching for tuberculosis nursing based upon the judgment of the leaders in this field, medical nursing and sociological. It further urges similar consideration for the advice of other specialized health organizations.

2. *Forum*

The Educational Committee of the National Organization for Public Health Nursing will act as a forum for the discussion of all questions pertaining to the education of public health nurses. The director of the Red Cross Bureau of Public Health Nursing and the National Tuberculosis Association Secretary for Nursing, and possibly later representatives of other national organizations interested in public health nursing, will sit on this committee as members. These organizations will undertake jointly or separately, but under the general direction of the Educational Committee, to prepare series of monographs on practical methods of conducting various public health nursing activities, and also pamphlets on other special subjects as needed.

3. *Institutes*

Believing strongly in the need for annual and widely distributed institutes for public health nurses of considerable experience or training, the Red Cross and the National Tuberculosis Association will join with the National Organization for Public Health Nursing in recommending that such institutes (to cover two weeks or more) be organized and conducted by suitable established agencies within the states with the assistance of the National Organization for Public Health Nursing, in consultation with these other national bodies. The latter will offer the assistance of their Division and State staffs in conducting the institutes and will encourage their local staffs to attend. These three organizations agree that these institutes should be general in character; including tuberculosis, child hygiene, venereal diseases and other special subjects. The Red Cross stands ready to suggest subjects and teachers in the rural nursing field and the National Tuberculosis Association to furnish outlines of lectures and teachers in tuberculosis subjects.

4. *Library*

In view of the fact that the National Organization for Public Health Nursing has a library department with an appropriation for adequate expansion, and has a circulating package library operating through 44 state library centers, which has been endorsed by the American Library Association, the Red Cross and the National Tuberculosis Association will not endeavor to develop duplicate library facilities but will recommend that their field staffs make the fullest possible use of the facilities offered by the National Organization for Public Health Nursing. The latter organization will undertake to develop its library resources to meet the special needs of these staffs, particularly as their work affects the rural nurses.

5. *Magazines*

The Public Health Nurse has granted a section to the Red Cross Bureau of Public Health Nursing under the editorship of the director of the bureau, to be devoted to the activities and developments of that bureau.

The National Tuberculosis Association does not at this time suggest a department in the magazine devoted exclusively to tuberculosis, but suggests that a reasonable amount of space be given to the consideration of tuberculosis nursing and other phases of the tuberculosis movement.

II. *Recruiting*

The Red Cross hopes to join with the three national nursing organizations in a program for recruiting student nurses. The National Tuberculosis Association recognizes that this is distinctly a function of the nursing organizations.

III. *Employment*

Believing that there are many advantages to be secured through a national clearing house of employment which would also serve as a directory of information, the National Organization for Public Health Nursing will endeavor to accomplish this for public health nurses as a part of the activities of the proposed joint nursing headquarters. It is understood that while all credentials would be obtained by such a clearing house, placements would continue to be

made through the various existing agencies. The Red Cross, because of its great demand on the supply, will appoint its own representative to the executive staff of the clearing house.

IV. All three organizations are free to conduct analytical studies of various typical and atypical pieces of machinery for the purpose of determining standard methods of organization, practice and technique, but will consult each other in planning these studies in order to avoid duplication and to take advantage to the fullest extent of the facilities and fields each can offer for this purpose.

V. *Legislation*

The National Organization for Public Health Nursing and the National Tuberculosis Association will seek to create public opinion in favor of, and assist in, the enactment of suitable public health nursing legislation, such as the appropriation of public funds for public health nursing and the creation of divisions of public health nursing within State departments of health. The Red Cross endorses this broad endeavor but prefers not to take part in efforts involving legislation.

VI. *Machinery for Coördination*

1. *Joint Consultation Committee*

The executive secretary of the National Organization for Public Health Nursing, the director of the Bureau of Public Health Nursing of the Red Cross and the secretary for nursing of the National Tuberculosis Association will form a joint consultation committee. This committee will meet frequently for conferences relative to problems and projects confronting or contemplated by any one of the three.

2. Exchanges of memoranda regarding new programs or changes in policy before putting the same into action.

3. *State Committees on Public Health Nursing*

The Red Cross, the National Organization for Public Health Nursing and National Tuberculosis Association favor and will endeavor to create State committees on public health nursing representing generally the three organizations and the State De-

> partment of Health and may include other State nursing organizations and State agencies engaged in, or responsible for, promoting public health nursing activities. Such a committee will have no administrative responsibility for, but will concern itself with, the advancement of public health nursing in the State through the stimulation of public opinion, through interpretation and advice and through the promotion of coördination.
>
> It is mutually understood that no changes will be made in the procedure outlined in this agreement without the full consideration of the three participating agencies.

While the joint consultation committee described in the paragraph on Machinery for Coördination was not made use of, the methods of working together described under Ways and Means of Coöperation were carried out with regularity and mutual satisfaction and the reciprocal relations of the three organizations were uninterrupted and cordial.

REORGANIZATION

The Red Cross during the war and for two years after the Armistice was organized in departments, each one of which had its own field staff for the purpose of promoting and supervising its special work in the Chapters. There soon developed a tendency, however, to concentrate much of the immediate guidance of Chapter work in the hands of a general field staff who were responsible for the organization and administration of Chapter affairs, but not for the professional activities of the Chapters. In July, 1920, a "Joint Memorandum on the Relation of State Supervising Nurses to Field Representatives" was prepared by the directors of the Bureau of Public Health Nursing and Field Service. This read in part:

> We think it is pretty generally understood that the new plan of Division organization places upon the general field representatives the responsibility for advising the Chapter concerning its organization, administration, general program and apportionment of funds. It is their task under the guidance of department heads to develop in the Chapter a coherent, balanced and unified plan of work, appropriate to the needs of the community and in response to the genuine interest and wishes of the people. It is their task to see that the Chapter officials and the committees are representative,

> well selected and on the job; that various committees work together and that their activities dovetail; and, in general, representing department heads, to assist Chapters to carry on these activities successfully. The directors of various departments are responsible for seeing that the activities which the Chapter undertakes are carried on according to Red Cross standards. In the case of the Public Health Nursing Service, the State nurse has a special responsibility for the supervision of the nursing service in the Chapter, including the selection and appointment of the nurse, advice as to the type of nursing work to be carried on and its relationship to other nursing service in the county and the supervision of the professional aspects of the nurses' work.
>
> From this it is evident that the field representatives and the department representatives must have a genuine understanding of each other's work based on constant consultation and interchange of information and opinions. Such team work is only possible where the two groups of workers meet for regular and frequent conferences.

Much of the work of preparing the Chapters to undertake public health nursing was delegated to these field representatives by the Division Bureaus of Public Health Nursing.

The reorganization of the Red Cross in the spring of 1921 brought about a much closer relation between the general field staff and the nursing field staff. The change in administration was described in *The Public Health Nurse,* May, 1921, in an article entitled "Remodeling the Red Cross," from which the following extract is taken:

> In order to meet the needs of the Chapters in their local expression of Red Cross service the war organization of the Red Cross has been revised. An organization designed to do a national war task obviously was not suited to the present community work of the Red Cross. . . .
>
> The result of this change in the needs of the Chapters has been the doing away with departments in the national and Divisional organization and the erection in their place of staff councils of specialists, meeting in consultation with the managers, concerning the problems of the Chapters, with the resulting harmonizing of the professional recommendations of each specialist into a single unified scheme for the guidance of the Chapters.
>
> This change in organization which has just come about in the Division and in the national organization does not in any

way mean that the professional and technical phases of the work carried on by the Chapters will be severed from professional and technical standards of work or from the advice and guidance of professional leaders in the division and national organization. Professional standards will be observed just as jealously in the future as in the past and the means of upholding them will be maintained and carefully guarded. In all professional matters Chapter nurses will be supervised as heretofore by nurses. The field staff will include public health nurse supervisors as formerly in order that the local public health nurses may continue to follow and uphold the best professional standards and technical practice under the guidance of supervisors thoroughly familiar by training and experience with such standards and practice.

The reorganization also changed somewhat the status of the Bureau of Public Health Nursing:

"When the elimination of departmental organization in the Red Cross took place on April 1st," the Annual Report of 1920-21 states, "the Bureau of Public Health Nursing became the Public Health Nursing Service, with its director a member of the National Staff Council. Its administrative character was converted into an advisory character and its interrelationship to other Red Cross activities became more firmly established. While the Public Health Nursing Service has equal standing and representation on the National Staff Council with other services, there is a closer relation to the Nursing Service than to any other because of the almost inseparable connection between public health nursing and nursing as a whole. It, therefore, continues to be a part of the Nursing Service, although it has direct representation on the National Staff Council and its director is responsible directly to the vice-chairman."

The inquiry preceding the reorganization brought out the fact that it was necessary for the public health nurse, in those Chapters in which she was the only trained worker, to take a larger measure of responsibility for the affairs of the Chapter in general, and in all Chapters to relate her work closely to the other Chapter activities. This meant she must have a more intimate knowledge of all phases of Red Cross work and in addition to her technical duties must become something of an organizer and leader.

"In looking over the work of our nurses during the past year or two," the director commented in her Annual Report, "we find that though usually skilled technicians they are not always good organizers. When one stops to consider that many of them have just completed their preparation for public health nursing and have had no executive experience, and moreover that many of them are city bred and city trained, it is not surprising that they do not at first show qualities of leadership and organizing ability. The task which they confront is a complicated one and difficult even for older and wiser heads. We wish that there were enough public health nurses so that we need not place responsibility for the organization of new work on the shoulders of inexperienced young public health nurses. Their courage and enthusiasm are abundant and admirable, but their ability as creators, executives and leaders is not yet developed. Often a public health nurse is the first and only trained worker with whom the Red Cross Chapter officials and the community have ever had dealings. She may be the only person in the whole county trained in public health work and thinking in terms of broad social endeavor. Upon her shoulders falls the responsibility for making her work a part of the life of the county, for drawing the people throughout the county into it as individuals or organized groups, for developing ways of multiplying her service through the help of untrained volunteers, for making public health nursing understood, believed in and used and its responsibilities shared by people throughout the county. She also has the responsibility of developing public health nursing in harmony with the other activities of the Red Cross Chapter and of making it serve the purposes of the Chapter to the fullest possible extent. Her task is a big one and a most interesting one but requires very definite qualities of leadership which usually come only with experience.

The majority of our Red Cross public health nurses are recent graduates of public health nursing courses or have not been in public health nursing work very long. Many of them are young and unused to taking their part in public work. That they need a great deal of help from their State and Division supervisors is natural and justifiable. That many of them develop into real leaders in their counties where given enough help at the beginning is being proven by our experience.

The process undertaken late in the year of knitting the field staff together and making it more general and therefore more useful in character will help to strengthen the Chapter public health nursing services. Not only will the Public Health

> Nurses have behind them the supervisory nurses but the general representatives of the field staff as well.[13]

Rural and small town nursing were of such recent development that no standard methods of procedure had been formulated and no plan for a complete rural community nursing service was announced. Because of the widely varied conditions existing in different parts of the country, no stereotyped plan could ever be universally applicable. A number of experiments, it was felt, would have to be conducted and their results analyzed and measured before any working models could be endorsed as thoroughly tested and satisfactory.

In the summer of 1921 Virginia Gibbes, who had had several years' experience in the Red Cross, both in community and Division positions, made a study of the Chapter services which had been successful in meeting certain organization problems. Several hundred of the Chapter nurses also wrote an account of the methods used to develop their work in their Chapters. A pamphlet based on this material, which represented the results of widespread and varied experience, was nearing completion as this book went to press.

As approximately 80 per cent of the Red Cross public health nurses in rural districts were giving all or part of their time to school nursing, for which no recognized standard technique and practice had been evolved, Miss Anna S. Stanley, formerly director of Public Health Nursing in the Southwestern Division and an expert in school nursing by reason of years spent first as school nurse, then as supervisor of school nurses and later as teacher of school nursing in one of the accredited public health nursing courses, was asked to conduct a series of conferences on school nursing in six of the Divisions of the Red Cross. As a result of these conferences a standard practice of technique for school nursing was agreed upon and embodied in a mimeographed outline of school nursing procedure. This proved to be of the greatest help to nurses and met with an increasing demand.

The effort to bring about a closer articulation of the various activities of the Chapter was strengthened by the tendency to do away with the multiplication of Chapter committees, thus concentrating the general management of all its affairs in the hands of the Executive Committee. There was frequent diffi-

[13] Annual Report, July 1, 1920 to June 30, 1921.

culty in securing suitable personnel for the Executive Committee, the Home Service Section, the Committee on Nursing Activities and the Chapter School Committee, without using the same people for all of them. The great need for closest coöperation between the various committees was apparent. In many Chapters it was felt that the various activities could be developed more intelligently and harmoniously if the Chapter program was conducted by the Executive Committee, with subcommittees to deal with the details of different undertakings. The comment of one director represented the experience of them all.

> We are finding it somewhat difficult to secure sufficient number of people willing to serve on a Nursing Committee as outlined in A-700 and A-701. In several Chapters we have found it advisable to use the Executive Committee, adding to it the several people who would be helpful and necessary to carry on the work. We believe this latter method will be generally used in the smaller Chapters.

In the light of this general tendency to unify the hitherto independent activities of the Chapter, a review of the various methods of engaging in public health nursing by the Chapters was made.

The Red Cross had previously agreed that no one activity of the Chapter should be operated independently of the others and that Chapter funds should only be used for work in the operation of which the Chapter shared directly and for which it possessed an administrative responsibility commensurate with its financial responsibility. As a result it became clear that Chapters thereafter should engage in public health nursing only when they could share in its operation and when they could have a connection with other Chapter work, such as the service for ex-service men and the activities of the Junior Red Cross. It was also felt that since the field staff was more than occupied with the supervision of Chapter public health nursing services, affiliations with independent organizations should be discouraged except when the public authorities, having taken over a Chapter service, desired the continuance of the assistance and supervision of the Red Cross.

TYPES OF RED CROSS PUBLIC HEALTH NURSING

Red Cross public health nursing had as its object the saving of life, the upbuilding of family health, and the promotion of community sanitation and hygiene. It dealt with individuals and families in its efforts to restore the sick to health; to find and correct physical imperfections; and to teach the practice of healthful living and establish hygienic habits. It dealt with the community in its efforts to assist in checking and eliminating communicable and preventable diseases; in discovering and correcting unsanitary conditions; and in educating the public in physical hygiene and public sanitation. No phase of public health nursing was omitted, the nurses engaging in bedside nursing, prenatal and maternity nursing, infant and child welfare and school nursing, tuberculosis nursing, communicable disease control and health education of many kinds. Seldom was a public health nurse able to carry on all of them. Usually, when working alone in a large territory, she confined herself to one or two activities, the choice being determined by the need, the desires of those she served and the possibility of accomplishment.

The great majority of the Red Cross Chapter public health nurses worked in rural districts and most of them had as their territory an entire county. In the more highly organized sections there were sometimes several health nurses working in the same county, each nurse having a certain community within the county for her special field, but in general the nurses were called upon to cover a large area. Some of the western counties in particular were no less than enormous, covering as large a territory as certain of the small eastern states.

Idaho County, Idaho, was one of these vast counties, being larger than the combined states of Massachusetts and Rhode Island. The Chapter public health nurse for this county wrote:

> My baggage has to be designed to pack on the saddle. A year ago I left London the proud possessor of three perfect traveling bags, something for every occasion as I thought, and now I am crossing the mountains with all my immediate wants tied to the saddle. In the last two weeks I have ridden ten different horses and have covered one hundred and fifteen miles, fifty of that by stage. When you remember that this county is twelve thousand square miles in area, you can imagine that one needs to be something of a traveler.

The Red Cross public health nurse in Alaska, whose work of health instruction took her from place to place often widely separated, used whatever means of transportation were at hand. At the end of an Arctic winter, she wrote:

> I had quite a trip. One place I went by dog team over a hundred miles, then to another place by train. There is only one, which runs to suit the company. I was four days coming one hundred and thirty miles, but the scenery was sublime.

This same nurse was not deterred when trains and other methods of transportation failed. Of her trip over the broad pass from Anchorage to the interior, she wrote:

> We (the nurse and two teachers) left Anchorage July 5th and got to Dead Horse that night. Stayed all night and left next morning for Hurricane Gulch, arriving there at two P.M. That is the end of the railway on that side. From there we had to walk seventy-two miles to Healy, the beginning of the railway into the interior. We took it slowly the first day so as to get used to walking. The walking was very bad in some places, the ground being wet and swampy and the heat and mosquitoes were dreadful! The third day out one of the teachers met with an accident, so they had to turn back and I continued my journey alone, but every one along the way was so kind and I got horseback and "way-on" rides for about twenty miles, so I just walked fifty miles in all.

In another of the big counties of Idaho, Lemhi County, the nurse reached her most isolated schools by means of a typical coach of pioneer days. She said:

> We got in a covered stage drawn by four and six horses. If you ever saw Buffalo Bill's show, the "Deadwood" coach, you see my picture. We hold our breath as we go up nine thousand feet straight up like a ladder and then over the mountain; the road is spiral but we go up all the time; ninety miles and four days' trip. There are only seven children in the school, but they are four hundred miles from a hospital and our visit is worth while.
>
> . . . . .
>
> Another pioneer nursing service of the Red Cross was that which was established among the lumber camps along the Pemigawasett River in the New Hampshire wilderness. The nurse had her headquarters in the little town of Lincoln, the center of the lumbering operations, where she taught the

mothers Home Hygiene and Care of the Sick. Her "district" was the whole Pemigawasett wilderness. She assisted the doctor, accompanying him to the distant lumber camps often into the very heart of the mountains. Here she found great need of preventive work as well as actual nursing. The men were huddled together in large numbers in almost unventilated bunk houses. Many of the men were unvaccinated and no care was taken in regard to communicable and other diseases. In their work of felling trees and getting them to the stations in the dead of winter, accident and frostbite were common.[14]

. . . . .

A great majority of our nurses being employed by Red Cross Chapters whose jurisdiction covers a whole county, are engaged in county-wide work. A few are employed by Red Cross branches and their service is limited to the town in which the branch is located. The nurses engaged in town work have found it possible to develop a fairly well rounded public health nursing program. Those who are attempting to cover a whole county without assistance have found it manifestly impossible to develop more than one or two of the several phases of public health nursing. Usually the nurse and the Chapter together have decided that the best way to open a new service is offered by undertaking school nursing. It is obvious that if there are from 60 to 90 rural schools scattered over a large county, in all of which the nurse wishes to render some service, she will not have much time to develop other phases of public health nursing. There is a danger, however, that the people of the county may come to think that school nursing represents the whole of the public health nursing program when the nurse makes this her primary work. In order to avoid this misunderstanding we present the program of public health nursing in terms of family health work rather than in terms of a number of independent specialties. We say that we want to help to secure and maintain good health among all the families in our county and that our first step towards attaining this object will be taken through the avenue of the schools. It is, of course, our object to build eventually a complete and adequate county nursing service providing all the different forms of public health nursing, including the care of the sick.[15]

Especially in the great counties of the West, school nursing seemed to be the most practical and result producing program.

[14] *Public Health Nurse*, February, 1921.
[15] Annual Report, June, 1920, to July, 1921.

A typical winter day's work of a school nurse was described by Miss F. B. Palmer, public health nurse for Martin County, Minnesota, and published in the October, 1920, issue of the *Public Health Nurse.*

> I had come to the county for a few weeks as a public health nurse with the hope of impressing upon the people the need of and the benefits to be derived from a continuous county nursing service.
>
> It was in December, when the snow was many inches deep and the thermometer below zero. The superintendent of schools, an active and intelligent woman of fifty-five years, had mapped out the schools and districts that were most isolated and in need of a nurse. We took the 4:10 A.M. train to a little town twenty-five miles away. Here we searched for something that looked like a hotel. Finding it at last, we walked in and, seeing no one around, we took possession of the stove and chairs and curled up and slept until 7 A.M., when the "proprietor" came thumping down stairs. He was as surprised to see us as we were glad to see him. In a short time we had breakfast—coffee, bread without butter, and some boiled meat. Breakfast being over, we started forth in an auto for a school ten miles north, but half way there we ran up against so much snow that we had to dig our way out.
>
> The school wasn't reached until about 10:30, but as there were only four pupils in this school we had plenty of time. All the children were from one family and were born in a foreign land. They had had nearly all of the contagious diseases and were left with some of their complications and were still abiding by a few old customs. An annual bath and clothes sewed on for the winter was their one law. One child had eye trouble and was deaf, due to poor care during the measles. Another had enlarged tonsils and adenoids. All four had defective teeth and pediculosis.
>
> We decided to take the children home and explain their condition to their parents. The father was not home and the mother was in bed with a new baby. While the nurse was caring for the mother and baby, the county superintendent started on the children and it wasn't long before a great change had taken place. The superintendent informed the mother that she would keep in close touch with her and help her to make healthy citizens out of her children and that in the spring she would call and take the children to the doctor, and when spring came she did bring the children in to the doctor, but she had to do it only once, for the parents have been doing it ever since.





An American Red Cross public health nurse on her rounds

From this home we drove our car six miles, got out, hired a team of horses and buggy and slowly wound our way for four miles through the tall evergreen trees. Only a rabbit or deer jumping through the trees helped to break the silence of the woods. It indeed seemed like the "forest primeval." At the end of the narrow passage we reached a lake which we crossed with a little more speed. As we drove up to the school, which was in the center of a group of small houses, every door was opened and interested people peered out. The larger number of them were half-breed Indians. The parents came up to the school to see what was going on. They saw the children inspected and listened to a short talk on the "Health of the School Child." Several cases of trachoma were found. The parents were told of these and urged to have every member in their family examined. A friendly old squaw asked us to supper at her house, and we didn't have to be urged, as we were hungry, having come without lunch. A well-cooked meal of soup, boiled potatoes, rice, beans and venison was set before us and we ate with a vengeance.

Eight o'clock found us on our way to a little town eight miles north. Once there it didn't take long to warm up around the stove and then climb upstairs to our cots, which looked pretty good but felt mighty cold. "Well, to-morrow will find us up early and ready for another day that is really worth while," said the indomitable superintendent, "and if each school and each family could have a nurse to visit them, what a healthy, happy place we could have to live in, and wouldn't I be proud to have a public health nurse in the office with me! What a help we would be to each other!"

Frequently school nursing included the organization and operation of clinics for the correction of defects of school children. One of the Chapters reported a clinic held in coöperation with the local doctors for the excision of adenoids and tonsils. The work of the public health nurse had brought to light the need of four hundred children for this operation. A throat specialist was brought from the city and for an entire week a daily operative clinic was held with the coöperation of all the local doctors, nurses and Chapter people. One hundred and ninety-three children were operated upon in that one week and a valuable piece of corrective work accomplished.

Clinics of many kinds were organized by the Red Cross public health nurses not only in the larger towns and centers, but in isolated rural districts where medical and dental atten-

tion were most needed. One of the Red Cross scholarship nurses in the Southern mountains wrote:

> Our dental clinic held in September was a success, more than seventy-five people attended; many came from remote sections, miles away. One woman sixty-eight years old walked twelve miles across mountains to see the "tooth-doctor." She sat down in the dental chair and in a moment arose and said "I want yer all ter know I done prepared myself ter die before coming here en if I never git out a this chair alive jest know I wuz prepared ter go." She sat down and had eight snags extracted (by painless extraction) and when the dentist had finished, she "praised the Lord for the strength" and went out and brought her friend in, who had a number of extractions done. I asked the good woman where she came from and how she happened to come. She said "I heard that bad teeth wuz bad fer the system and I is been a ailin' fast lately en I thought hit might be my old rotten teeth a damagin' me." Her friend was a widow with no children and no means of support; she was aged too. The dentist and the Chapter took care of her bill.

In many counties of lesser size, prenatal and infant hygiene activities were given great emphasis, and included the conduct of hundreds of baby conferences. One of the Division directors of Public Health Nursing reported:

> Summer seems to have been the time to sow the seed for baby health stations or clinics. They are springing up in the most unexpected places, and thriving beyond the expectations and hopes of those who are responsible. We have twenty-five in active operation, with six in process of organization. One county has been practically covered this summer by a traveling clinic.

The supervising nurse for northern California wrote:

> The Mothers' Educational Center, located in Red Cross headquarters, is the most ambitious attempt that has been made along these lines by any of our Chapters, for here we have not only two full time nurses, but a paid medical man. He is the city physician and is on duty at the Center two days a week from 10 A.M. until noon, and on Saturday at the same hours at a branch which has been organized in a kindergarten of a school, where there is a large attendance of foreigners of many nationalities. Records of all first borns are secured

each day and a letter sent immediately to the parents, inviting them to make use of the Health Center. This is followed by a monthly visit and letter throughout the entire first year; the result is shown in the attendance at conferences.

Another Division director wrote:

Some of the methods by which the interest was gained (in baby conferences) in the different communities were very interesting. One nurse canvassed the town and put a little flag in the window of each house that claimed a baby under two years old as a member of the family. She secured the coöperation of the physicians by speaking individually to them of the baby stations and asking them to get together, and decide among themselves what time each one would give, which they did.

She offered a prize to the high-school girl who made the best poster for the baby stations. One of the newspapers donated a good quality of white paper and the painting class in the high school donated the paint. This resulted in active interest among the girls, and some very nice posters.

A little publicity in which the townspeople were given a chance to participate often proved an auspicious beginning for a baby health station.

Previous to the establishment of regular conferences a "Baby Campaign" was often held as a preliminary measure to arouse interest. An American Red Cross supervising nurse sent the following report:

The Parkersburg, Va., Chapter of the Red Cross arranged for a Baby Week Campaign. The publicity and preliminary work was unusually well handled but, in their zeal to reach all, too many appointments were made for the same hour, crowding us somewhat.

The building given to the Red Cross for their activities was made ready for the work. Being an old residence, it would have been an admirable arrangement if the babies had not come in such "droves." A front room upstairs was arranged with displays of proper clothing, proper and improper foods for children, the usual posters and the like. A supply of literature on the health of the child was provided for distribution. More than five thousand pieces were given out.

We met with splendid coöperation from the doctors and nurses, in fact, so many doctors came that we fitted up two rooms for the examinations and kept them both busy. The

Red Cross had employed one nurse full time for the week and the various public health nurses from the schools, Metropolitan Life Insurance Company and Red Cross, besides several married nurses volunteered their services on the various days.

It was somewhat hurried and crowded but with all a real success, I think. Four hundred and thirty-six pre-school children were examined during the week and Mrs. Price wrote me that since they did not finish with all who had registered, they had continued the clinic for two days the following week. Their public health nurse will do the follow-up work. Developing from the campaign is their plan for a demonstration in modifying milk in the near future and for baby clinics twice a week this summer.

The films "Birth Registration" and "Infant Clinics" were shown at the various movie houses during the week and pictures were taken of a great many of the babies. Slides will be made of these pictures and they will be shown later on.

That the nurses did much bedside nursing was shown in many of their reports as follows:

One day during the influenza epidemic I visited one large town in my territory and, as I always do on arriving in a town, I called on the three doctors and obtained from them a list of people they wanted me to visit. The people whom I saw and their circumstances vary so widely that I am going to enumerate them.

The first was not an influenza but a maternity case. The baby three days old was wrapped in a blanket and placed at the foot of the mother's bed. When I entered the door I stepped on several pieces of coal which had rolled down from the pile of coal against the wall on the floor on one side. One table, two chairs, one cupboard, a bed, an ironing board and small stove completed the furnishings of the two rooms in which this young married couple lived and brought their first child into the world. With little to do with outside of the equipment in my nurse's bag, I bathed the baby, demonstrating to the mother and father who were watching the different steps and impressing upon them the importance of beginning right with their first baby and feeding her at regular intervals and not just when the baby cried. After bathing and dressing the baby I gave the regular routine care to the mother, and then left with final brief repetition of important points in the care of her baby.

My next call was on a premature baby two months old and when I saw the lean-to which was used for kitchen, dining

room and sitting room for a family of five, including the baby which was bundled up in old quilts behind a red-hot stove, I didn't wonder the doctor had sent me. When I looked at the baby I thought it must have been shoveling coal along with the dirty-faced uncle who came in. The baby was almost the color of a pickaninny from soft coal soot, and his little shirt I'm confident had not been changed for a week at least, but he was gaining even with such treatment although still very thin. I asked for materials for a bath and before the indifferent unmarried mother and interested young aunt, and skeptical grandmother demonstrated a bath and urged that the baby have one every day. On seeing the baby's bottle I decided to suggest how it should be cared for, which I did. The mother grew more interested in time and promised to bathe the baby regularly, but she will need frequent instruction and encouragement for to all appearances she has the mentality of a child of about ten years.

My last call late in the afternoon was in a home with four small children three of whom were coming down with the measles, and one boy had had measles and now had pneumonia. He was irrational and had a high temperature so the mother quickly assembled the materials for a warm sponge ordered by the doctor and while I was giving the bath she frantically finished making him a new nightgown to be put on after the bath. I had been there the day before and had advised that the children be put to bed so of the three prospective cases one was in a crib and the other two crossways on a divan-bed, making the living room resemble a hospital. The sick pneumonia boy was in a room by himself as directed with a window open and was receiving care just as I had demonstrated the day before. The mother watched every movement I made and although she said she knew nothing about caring for the sick, she appeared to have learned more in two hours from the looks of her patient and bedroom than most people would learn in many days.

. . . . . .

I'll explain my long silence by telling you of my experience during an epidemic of typhoid which broke out at Gilmore, 17 miles from Salmon and 10,000 feet in the air. One would naturally think that altitude would purify most anything, but we had 18 cases. We lost only one, but as we had her in our care not more than eighteen hours you can imagine she was a pretty sick woman when we got her.

Fortunately this mining camp had a little hospital of eight beds which was very well equipped. We commandeered it and started moving in the worst cases. I took with me from

Salmon a young girl, an undergraduate who had had four months' training in a hospital in St. Louis and who was most helpful. As soon as their temperatures were normal the patients were sent home. Three were kept all of the time. It was necessary to melt snow for water, split wood and shovel trails. I made regular visits to the homes, instructing the people how to take care of themselves and of those dependent upon them, so as to prevent further cases developing. The snow was between four and five feet deep and I was seventy miles from a physician.

This last week I was asked to investigate a T. B. case, a man living with his four children all in one room—living, cooking, eating and sleeping in the same tiny space. One son 17 had a very suspicious cough. A girl of fourteen did the washing and cooking for the family besides going to school. She washed the father's handkerchiefs, advised the girl about disinfecting and the general care of her father. The Red Cross has furnished a tent, and the neighbors have put up the frame. The happy man is now in it, away from the cooking, and he feels so much better in the fresh air. The house has been scrubbed and cleaned generally and the children are to be examined next week.

An average day's work of a nurse in one of the larger counties was given by one of the Red Cross public health nurses in a Minnesota county:

A ride of thirty-five miles in a tin Lizzie brought me to my destination—a schoolhouse of one room, poorly lighted and dirty, to teach the first lesson of a series of twelve two-hour lessons in Home Hygiene and Care of the Sick. Twenty mothers of different races—Polish, French, Irish and American were assembled.

A bed had been installed with a straw tick, sheets, pillow cases and blankets borrowed from the pupils. Each mother was taught how to make a bed, turn a helpless patient, change draw-sheets, lift and make comfortable paralyzed patients. The position and quantity of furniture and the temperature and ventilation of a sick room were also explained. There were discussions on this lesson and preparations were made for a second meeting the following week.

Good-bys were said and I left for another thirty-five mile ride over a sandy, rough road when I was hailed by a farmer, "Be you that county nurse?" "Yes." "Well, come and see my colt, it's got hurt." Another drive of three miles to find

a beautiful animal six weeks old torn by wire on the left shoulder straight across the chest to the right leg. The depth of the wound was fully two inches, the length over sixteen. The farmer had done some veterinary work two days before, but his hands, needle and cotton were dirty. Infection and high fever had set in and a bad condition was the result.

A large sheet was spread on the ground, the patient laid out on it, hind and forefeet tied together and flexed, the master of the house sat on its head, while the young son did likewise on its flank. I sterilized my hands thoroughly and proceeded to business and for one hour steadily cleaned and removed infected tissue, cut away the old stitches, washing with hot water and lysol, tied two arteries and poured tincture of iodine into the wound—the patient resting peaceably and quietly as if it knew the county nurse was doing her best to help it. A few days later I found the animal doing well and the wound healing.

Another start was made towards home when a woman emerged from the woods. "Please come and see my twins, one is dying." I found two baby boys, aged three and one-half months, weighing seven and one-half pounds each, in a very serious condition, being fed every half hour on condensed milk, wrapped up in blankets, lying on a feather bed behind an immense stove. There was no fresh air in the room and this was August! There was a history of tuberculosis in the family and the mother wondered why the children didn't grow! She couldn't see any reason for it. With the proper care and with the instruction eagerly followed by the mother, within a week a marked improvement in babies and mother, house and surroundings, could be seen, and all lived happily ever after.

We have an average enrollment of two hundred pupils in the Home Hygiene and Care of Sick classes. Five hours' daily teaching, and in addition, the weighing of various babies, the changing of formulæ, the removal of incipient tuberculosis cases to sanitaria, and to make a life a little more interesting the taking of a mental case to a State institution finishes an average day's work.[16]

The class work in Home Hygiene and Care of the Sick stimulated the demand for permanent public health nursing services. One Division director said:

From actual work in the field we have come to the conclusion that all county public health work should be prefaced by

[16] *American Journal of Nursing*, June, 1920.

classes in Home Hygiene and Care of the Sick. As one of the Red Cross chairmen has written in, "You will see that the nursing classes act as trumps in this game of demonstrating to the people the necessity of county-wide public health work." In this particular community the instruction work has brought about the demand for two public health nurses.

One of the most constructive activities of the public health nurse which was always attended with encouraging results was nutrition and growth work, one aspect of which was health and growth classes and another hot lunch and milk in the schools. One Division director wrote:

> Many of our nurses have started hot lunches in the rural schools, and have been able to interest the mothers in devoting some of their time to preparing the lunches: thereby relieving the nurse of this extra responsibility. Also, in some of the high schools, the older girls are assuming this responsibility, one group preparing and serving the lunches, and another putting the kitchen in order, under the supervision either of one of the teachers or some member of the Red Cross Nursing Activities Committee.

Another Division director said:

> A splendid coöperative work is being done by Miss Mayer, public health nurse for Miscogee County, and Miss Jessie Fortson, county demonstration agent. Miss Fortson attended Dr. Emerson's lectures at the Division office and has returned to her county, and is putting her knowledge into practice. She goes with Miss Mayer into the schools and weighs and measures the pupils. While Miss Mayer is doing physical inspection of the pupils Miss Fortson keeps a list of each pupil's name, weight, etc., and checks up those of normal weight. Then she classifies the underweight children and gives them special advice about the selection of food and how to increase their weight. In this way contact is made with the pupils, and much interest is shown by them in trying to bring their weight up to normal. The pupils also have exhibited much interest in the physical inspections. Miss Mayer sends a report slip to the parents of normal children as well as to the parents of those needing correction of defects, as parents not getting a slip have been sending their child back for his or her report of inspection. These workers are really making their efforts count for something.

That the Red Cross public health nurses were called upon to do much teaching and organizing was evident from a narrative report from the supervising nurse for Tennessee:

> On a recent trip through Tennessee, we found the most extraordinary enthusiasm for the public health nurse manifested by the chapters which have nurses employed. The nurses have done excellent work, inspecting school children, giving nursing care, instructing mothers in the hygiene of pregnancy, organizing little Mothers' Leagues, conducting health classes, opening health centers, infant welfare stations and rest rooms for farmers' wives.
>
> They are conducting classes in Home Hygiene and Home Care of the Sick, and giving other health instruction to pupils in grammar, high and Normal schools and colleges.
>
> They are giving nursing care and instruction in hygiene to patients ill with tuberculosis and instructing families how to prevent the spread of tuberculosis and other dangerous communicable diseases. In fact, their activities are so many and their work so well received that at the Farmers' Convention a great deal of time was given by the Home Makers' Section to the telling of the activities of the nurses in the various chapters.

The work of the nurses knew no color line. Not only was much bedside nursing undertaken among the colored population, but school inspection, special dental clinics, baby conferences and health centers were established in colored sections. Mary Quinn, Red Cross public health nurse for Wichita County, Texas, wrote:

> On Friday, we had a health conference for the colored. The basement of the Baptist Church was fixed up, and Doctor Welch and Doctor Means, prominent church workers over in the district, lined up the mothers and babies. There were twenty-two babies weighed and measured and examined. Talks were given after the examination and a committee appointed to continue with the health conference every month. The last Thursday of the month has been decided on. I must say the colored folks are very enthusiastic over the public health center work. There are three cases who, I know, have had tonsillectomies since the conference in September.

Scores of colored midwives in the South, some of them living on islands which could only be reached by rowboats on a certain

set of the tide, were instructed and advised by public health nurses of their own race.

The nurses found excellent opportunity for health publicity in connection with the State and county fairs, particularly in the South and West. Interest aroused in this way was made the basis for future intensive work. An example of this activity was found in a report from San Joaquin County Chapter, California:

> The Public Health Nursing Service of San Joaquin County Chapter held a very successful Children's Health Conference, in connection with the County Fair, the week of September 13th-18th. As the fair committee had very few permanent buildings, the conference was housed in a tent. The space allotted us was 30 x 50 feet or one-half of the tent. At first glance it looked hopeless, but after a carpenter had erected beams for dividing into smaller booths, we felt more hopeful. By the use of sheets and mosquito netting, we were able to arrange a dressing room, weighing and measuring room, examination room, booth for the dental hygiene department and a large space for demonstration and exhibit material.
>
> One hundred and sixty children, ranging in age from six weeks to six years, were examined during the week. The examinations were made by physicians of Stockton and San Joaquin County, volunteering for three hours each. The dental exhibit from the University of California proved of great interest to both mothers and children. A Stockton dentist was in attendance each afternoon. Demonstrations on the care of the infant were given each afternoon, by pupil nurses from the local hospitals. In the evening Red Cross films were shown. "American Junior," "Winning her Way," "In Florence Nightingale's Footsteps," "An Equal Chance," the National Organization for Public Health Nursing film and the Federal Children's Bureau film, "Our Children," were also shown.
>
> A separate tent with a cot and First-Aid appliances was provided and a number of minor cases were cared for.
>
> Although the Health Conference meant a week of toil for the public health nurses, we feel that it has been very much worth while, due to the interest shown by mothers of children of all ages and also by a great number of prenatal cases. We also feel that it gave the people throughout the county a better understanding of the work undertaken by the American Red Cross.
>
> An interesting feature of the exhibit was a booth main-

tained by the public library, featuring books on child care, and emphasizing the excellent coöperation they give the public health nurses in our work throughout the county.

The County Farm Bureau gave valuable help throughout the conference, and displayed in their booth was an excellent poster stating the coöperation of the Red Cross with the Farm Bureau in giving the classes in Home Hygiene and Care of the Sick.

The foregoing examples written for the most part in the nurses' own words gave some idea of the scope of Red Cross public health nursing. It was by no means the whole story, however, but rather a glimpse here and there of undertakings and accomplishments. Underlying every activity and an inseparable part of every public health nurse's program was the constant, persistent teaching of hygiene and health habits, better care of the sick and better living through practice and precept, through demonstration, illustration and personal advice. The following paragraph which closed the annual report for the fiscal year, 1920-21, epitomized the service rendered by the Red Cross public health nurses:

All over the country in the most out-of-the-way places, as well as in the thriving agricultural centers, our nurses are at work. In the tiny settlements in the high Sierras, among Indian tepees, in the heart of the Appalachians, on the lonely islands off the New England coast, on the wind-swept plains of Montana, in the villages along the Mexican border, in the heart of the forest of northern Michigan and in the mining camps of Kentucky and West Virginia, the chance to live, the message of health and the good will of the Red Cross are being carried by those brave, and often lonely workers, in the uniform of the nurse and of the Red Cross.

CHAPTER XVI

CLASS INSTRUCTION FOR WOMEN

THE system of class instruction for women under the Red Cross Nursing Service, now so extensive and so carefully worked out, took its rise in a suggestion made by Miss Boardman to the District of Columbia Branch in 1908. The January *Bulletin* for that year said:

> The District of Columbia Branch at its annual meeting took up the subject of special Red Cross courses in First Aid (for men) and Home Nursing (for women). Committees were appointed to arrange for such courses.

In the April following the *Bulletin* reported:

> Lectures on First Aid for men and Home Nursing for women, instituted by the District Red Cross Branch, have proved most successful. Especially the latter were largely attended. Inquiries have been received as to arrangements being made another year for nursing courses to be provided at small expense for women's clubs, etc.

These first classes in home nursing were given in St. John's Parish Hall, Washington, D. C.; the First Aid lectures, to men, were held in the Y. M. C. A. auditorium. Both halls were given without charge for their use, but the District Chapter paid the lecturers ten dollars for each class. The nurses who conducted the classes for women were, Lily Kanely (Connecticut Training School); Georgia Nevins (Johns Hopkins); and Mrs. Charles Young (Rochester Homeopathic). They taught largely by demonstrations of practical nursing procedures.

The preamble and schedule of this early home nursing course follow. Unfortunately the precise authorship cannot be stated; very probably the three nurses mentioned collaborated in arranging the printed material.

HOME NURSING COURSE FOR WOMEN

There are thousands of families in which sickness occurs yearly, when the services of a trained nurse, either because of the question of expense or for some other reason, cannot be obtained. To provide a simple course in Home Nursing for those who will have the care in such cases of illness, the Red Cross has arranged for the following lectures to be given and demonstrated by trained nurses. It is suggested that those taking this course bring paper and pencil or blank book for the purpose of retaining notes of these valuable instructions.

I. *Hygiene of Sick-room:* Location of room. Ventilation. Demonstration of bed-making. Clothing of patient. General care of patient.

II. *Dietetics:* Food in health. Preparation of food for the sick, such as beef-tea, milk, eggs, etc., with illustrations.

III. *Tuberculosis with Exhibit:* Mortality. Modes of infection. Destruction of sputum. Disinfection of rooms. Open-air treatment. Diet of consumptives.

IV. *Contagious Diseases:* Obligation to prevent spread of infection. Compliance with health laws. Protection of attendants. Preparation of room. Disinfection. Scarlet fever. Diphtheria. Measles. Pneumonia. Typhoid. Whooping cough. Influenza. Disinfection and fumigation after disease.

V. *Mother and Baby:* Care of expectant mother. Care of new mother. Care of baby. Clothing, feeding and habits of baby. Artificial feeding. Diet of child until six years old.

VI. *Emergencies: Medical, Surgical:* Fainting. Apoplexy. Epilepsy. Hysteria. Drowning. Heat exhaustion. Sunstroke. Burns. Scalds. Concussion of brain. Foreign bodies in eye, ear, throat, etc. Cuts. Bruises. Sprains. Fractures. Hemorrhages. Bandages. Antiseptics.

Where plans have been perfected for the delivery of this course, the tickets for six lectures are $1.00; or for Red Cross members, 50 cents.

How the example of the District of Columbia inspired Red Cross members in Brooklyn, and served to bring Home Nursing forward in the discussion of local nursing associations, has already been told. Still more important was the action of the Society of Superintendents of Training Schools for Nurses. This influential body, at its session in 1908, directed its Standing Committee on Education to prepare an outline of class

work in Home Nursing "suitable for the use of the Red Cross, or any other organization wishing to provide in a satisfactory manner for such instruction to women in their homes." This step was taken on the society's own initiative. M. Adelaide Nutting was then chairman of the Education Committee, and to assist her in this special task, a subcommittee of five was selected by the society. They were Sister Amy, of the Boston Children's Hospital; Ada Carr, of the Johns Hopkins; Annie Damar, president of the Associated Alumnæ; Sara Cabaniss, then head of the Richmond Nurses' Settlement; and Helen Scott Hay, superintendent of the Illinois Training School for Nurses. Miss Hay made her first appearance in Red Cross Nursing history in this committee work.

A year went by with work and correspondence in the *Nursing Outline,* but the pressure of the details of early organization and expansion temporarily hindered the Red Cross from pursuing systematically the class work it had begun. A few extracts from letters of that time will give a picture of tentative effort, and of the somewhat sporadic, yet encouraging attempts at teaching.

To Miss Boardman from Isabel Hampton Robb:

Cleveland, Ohio,
October 4, 1908.

. . .

I went up to New York and talked over our conversation with the rest of my committee. The Committee on Home Lectures is at work on the courses and will have a course ready to send you between now and January. If I may suggest, would it not be well not to offer any Home Nursing courses before January, 1909, and to make that generally known? In the meantime, this course can be prepared, the cards printed and the various associations of nurses written to in each city to secure suitable lecturers.

I can take it up here with our local associations, or for the state society, if you like. . . .

To Miss Boardman from M. Adelaide Nutting:

. . . February 18, 1909.

At the meeting of the Superintendent's Society last year the Committee on Education was asked to consider the matter of classes in Home Nursing, with a view to preparing simple outlines which would be useful to the Red Cross and other societies desiring to carry on work of this kind.

It is the belief of the committee that, inasmuch as a good many diseases arise in the home through ignorance, it is important to begin the classes with a short preliminary talk upon the causes of disease, and the measures with which the mother or home-maker should be familiar in order to exercise proper methods of prevention. As I understand from Mrs. Robb that you may be anxious to carry on some of these classes this winter, I am sending the outline, which must be accepted as preliminary rather than as a final statement of the committee's recommendation.

I am sure that Mrs. Robb has discussed with you her ideas which are shared by the members of the committee, as to the advisability of arranging for these talks through our nurses' association and depending upon them to select from their body such trained nurses (and probably other assistants) as are best prepared to carry on this teaching. . . .

To Miss Nutting from Miss Boardman:

. . .

Thank you for your letter of February 18th with its outline for Home Nursing courses. The plan to have these courses under the nurses' associations is exactly what I should like to see. I hope a little later in the year to take up this matter. . . .

To Miss Boardman from Miss Richardson:

. . . California, January 20, 1909.

On Sunday last while addressing the Y. W. C. A. of this city I spoke of the advisability of organizing Home Nursing classes after the plan of the St. John's Ambulance Corps. The idea was enthusiastically taken up by that organization and several other societies have spoken to me about it.

I brought the matter before our meeting to-day and was glad to learn that you had begun this work in Washington some time ago. I would like, if possible, to have the benefit of your experience along this line before definitely starting a class; particularly regarding the character of lectures you gave and whether you had physicians or trained nurses to give the lectures. I had thought of having our Nurses' Auxiliary take up the matter as it would give them something to do. I submit herewith a synopsis of what I have planned to give them.

(signed) C. H. Richardson,
San Francisco Red Cross.

To Miss Boardman from Miss Pierson:

. . . New Jersey.

Will you kindly send me information of Red Cross Home Nursing courses? As a similar course is now given in a Nurses' Settlement in which I am interested, it might be desirable to incorporate it under the Red Cross auspices.

(signed) MARGARET H. PIERSON,[1]
Orange, New Jersey.

To Mr. McClure (California) from Miss Boardman:

. . . April 7, 1909.

Many thanks for your notices in regard to the meetings of the Chinese Detachment of the California Red Cross. I think it is a most excellent idea to bring such education in amongst its people. I wonder if it would be possible, in time, to have some simplified Home Nursing courses for Chinese women provided? Most of them must be very ignorant of modern hygienic laws, and quite as ignorant of modern ideas in regard to the nursing of the sick.

(signed) MABEL BOARDMAN.

The California Red Cross, then one of the most active of the branches, having developed by reason of the demands made upon it during the Spanish-American War, had a Nurses' Auxiliary which gave class teaching, not only to home women in Home Nursing but also to women in industry. Its pioneer work in that direction is the earliest instance of the kind in Red Cross annals. The *Bulletin* (July, 1909) said of it:

> The Nurses' Auxiliary, a very valuable adjunct of the California Branch, has undertaken to start factory lectures and demonstrations at the noon hour beginning in April. . . . Several factories, laundries and department stores are interested in these methods, and consider them of practical value to working women. The women's auxiliary of the relief column has inaugurated a series of talks on Home Nursing and Prevention of Disease.

After affiliation had been brought about in 1909, Miss Delano and her committee at once revived the project of organizing Home Nursing classes on a national scale, as Mrs. Robb had

[1] Miss Richardson and Miss Pierson were nurses.

thought it possible to do. With the exception of an interesting letter written by Miss Delano to Mrs. Draper suggesting the idea and asking Mrs. Draper's opinion (March 15, 1910), little record was made of preliminary steps in this direction, but early in 1911 the full plan was completed and published as follows:

The American Red Cross Bulletin
January, 1911.

Second Annual Report of National Committee on Red Cross Nursing Service.

Home Nursing and First Aid Instruction for Women.

It has been demonstrated that the instruction of men in First Aid will reduce deaths and serious results from injuries about one-half. Similar instruction, including Hygiene and Home Nursing, is no less important for women, but has never been undertaken on a national scale.

The American Red Cross has decided to organize such classes and has placed them under the general direction of the National Committee on Red Cross Nursing Service. We hope for the coöperation of State and Local Committees and all enrolled Red Cross Nurses. The course of instruction will include: ten lessons in First Aid; fifteen lessons in Hygiene and Home Nursing; fifteen lessons in Dietetics and Household Economy.

All instruction will be very practical and pupils will, as far as possible, be required actually to do everything described in the teaching.

It must be distinctly understood that the instruction is only intended to prepare women to render emergency assistance in case of accidents, to give more intelligent care to their own families under competent direction and, in exceptional cases, to assist in relief work under the supervision of the Nursing Service of the American Red Cross.

The First Aid courses must be given by a physician and other instruction by a Red Cross nurse, unless otherwise authorized by the committee in charge.

Miss Marion L. Oliver, of Washington, D. C., will have charge of the organization of the classes. Further information may be obtained by addressing Home Nursing and First Aid Instruction for Women, American Red Cross, Washington, D. C.

The Home Nursing classes were then for a time uppermost in Miss Delano's thoughts. Mary A. Clarke, a Bellevue classmate who assisted her during that period wrote:

> During all the busy days of 1911 Miss Delano did not forget a little pigeon-hole compartment of the big steel filing cabinet, said drawer being marked "Home Care of the Sick." Into this from time to time she tossed some little scrap from her pen, or gleaned from the nursing magazine, or any other source. She explained to me that she was collecting these for a book on Home Nursing, that she did not know when she would ever have time to write such a book, but it was in her mind to do so, for she candidly thought it was urgently needed, trained nurses being then, as they always would be, beyond the purse of the great majority; and moreover, any intelligent woman was capable of putting into practice the principles of nursing. . . .
>
> Some months after this when I was asked to take charge of the first Home Nursing class formed in Philadelphia, composed of the Girls' Friendly Society of the Parish of St. John, Kensington, Miss Delano furnished me with chapter headings of the book—to be—as arranged by herself and Miss McIsaac, the famous little book not having yet reached the stage of proof sheets. For two classes I gleaned my subject material whence I could, but for the third I was supplied with proof sheets which were my pride until the book was published.

Miss McIsaac had then come to Washington as superintendent of the Army Nurse Corps. She was already a well-known author of nursing text-books and her collaboration made possible the speedy conclusion of the book Miss Delano had begun.

The Red Cross Magazine announced the publication of this text-book by saying in the issue of October, 1913:

> So valuable and successful have the Red Cross Textbooks on First Aid proved that the Committee on Nursing Service decided to provide an equally valuable text-book on Elementary Hygiene and Home Care of the Sick.
>
> This new textbook has been prepared by two of the best known nurses in this country. Miss Jane A. Delano, R.N., was superintendent of nurses at the University of Pennsylvania Hospital, of the great Bellevue Training School in New York, and of the United States Army Nurse Corps.
>
> Her collaborator in the textbook is one of our equally prominent and able nurses—Miss Isabel McIsaac, R.N., formerly superintendent of the Illinois Training School for Nurses and at present superintendent of the Army Nurse Corps.

The title page of the textbook read:

AMERICAN RED CROSS TEXT BOOK ON ELEMENTARY HYGIENE AND HOME CARE OF THE SICK
by
Jane A. Delano, R. N. and
Isabel McIsaac, R. N.
Prepared for and indorsed by the
American Red Cross.

It was published by P. Blakiston's Sons and Company, Philadelphia, and had a preface written by Miss Boardman, in which she said:

> One of the most significant facts in the march of human progress during the last decade is the great awakening of public interest to the questions of health. Work as hard as they might, neither the medical nor nursing profession could alone accomplish much along sanitary lines until the people in general became aroused to the importance of such matters. Knowledge that personal health depends largely upon the health conditions of the community brings home to each individual a serious personal interest and sense of responsibility. But in spite of the strongest barriers yet devised, disease cannot always be kept out. To the gentle hands of women belongs the care of the sick and every woman should realize that the time may come when such a care will be hers.

It was hardly to be expected that courses in elementary nursing procedures could be launched by the Red Cross without considerable discussion and some opposition. Especially was this true of graduate nurses, who brought forward the criticism that individuals completing the course would practice nursing as nurses. So deep was this feeling on the part of individuals here and there, that they refused to act as instructors. Miss Delano and Miss McIsaac were so determined to safeguard nursing standards, and yet to give the people at large some instruction in nursing technique, that they decided not even to use the word "nursing" in the title of the book, substituting the term "Care of the Sick" in place of "Home Nursing." These words conveyed at once the intent of the course and its use in the home for hygienic betterment and for the care of the sick.

Before the textbook was printed much of it was submitted to superintendents of training schools for suggestions and criticism. The National Committee on Red Cross Nursing Service was also called upon to review the manuscript before it was finally published. "The Home Nursing classes," stated the Minutes of a meeting of the National Committee held on December 10, 1912, "were then considered and the National Committee approved of this undertaking."

Every effort was then made to place the emphasis upon the course as one, not to prepare women for nursing as a livelihood, but as a means of preparing them to look after their own health and that of the family with more intelligence. Instructors were urged to make this most clear to each class.

The first year's work in Home Nursing classes, summed up at the end of 1912, seems quaintly simple as compared with the statistics shown in another part of this chapter. Miss Delano wrote:

> The object of this instruction for women is not to fit them for professional service, but to make it possible for them to render such service to the sick in their own homes as may safely be intrusted to them.
>
> The following classes have completed a course in Elementary Hygiene and Home Care of the Sick under the direction of the Red Cross; South Manchester, Conn., two classes; Washington, D. C., two classes; Philadelphia, one class.
>
> Several classes are now receiving instruction in Philadelphia, Cincinnati, El Paso and Paterson, N. J., and other classes are being organized.
>
> In a class largely made up of factory girls, recently examined in Elementary Hygiene and Home Care of the Sick, by one of our Local Committees on Red Cross Nursing Service, the general average for the class of ten, for both written and practical examinations, was over 85 per cent; the highest average being 90 per cent, with only one member of the class below 80, her standing being 79.5 per cent, on a scale of 100.

In the same report Miss Delano spoke of the possibility of beginning courses in dietetics and household economy. This was the first mention made of the desirability of instituting class instruction in these subjects, now so largely developed under Red Cross auspices in its teaching centers. The encouraging popular response to the classwork decided the Red Cross

to augment its efforts by enlarging the list of subjects taught. Early in 1913 the following circular was issued:

> The American Red Cross has decided to organize classes of instruction for women in First Aid, home nursing, hygiene and allied subjects, to be given under the supervision of the National Committee on Red Cross Nursing Service.
>
> 1. To afford women the opportunity to learn first aid to the injured and to provide simple instruction in the home care of the sick.
>
> 2. To afford women the opportunity to learn how to prepare food for the sick and well.
>
> 3. To afford women the opportunity to learn how to prepare rooms and other places for the reception of the ill and injured.
>
> 4. To afford women the opportunity to learn how to protect their own health and that of their families.
>
> It must be distinctly understood that this course of instruction for women is only intended to prepare them to render emergency assistance in case of accident, to give more intelligent care to their own families under competent direction and in exceptional cases, to assist in relief work under the supervision of the Nursing Service of the American Red Cross.
>
> Much needless suffering is now caused the ill and injured on account of the ignorance of unskilled persons. It has been said that the fate of the injured is dependent on the care which their injuries first receive. It is therefore necessary for everybody to learn what to do first in an emergency, and what not to do. This is easy to learn, but the subject must be learned. Nobody can be expected to know this without instruction. The number of people injured in the United States is rapidly mounting and is now in the hundreds of thousands annually. Knowledge of first aid to the injured cannot, it is true, prevent the consequent suffering entirely, but it can be made an important factor in this result.
>
> The health of the family depends largely upon the home maker, and it is most essential that she have a definite knowledge of personal and household hygiene and the proper preparation of food. Special diet for the sick is no less essential. Scarcely a woman is unacquainted with the sick room in her own family and some simple instruction in the care of the sick should be a part of every woman's education. It is the purpose of the Red Cross to provide this instruction.
>
> This work is just being started in this country, so that great results cannot yet be reported. It has already been

> demonstrated here, however, that instruction in first aid will reduce deaths and serious results from injuries about one-half. On railroads and everywhere else that the American Red Cross has carried first aid instruction, all interested are enthusiastic in praise of the benefits derived.

The list of classes conducted during the year 1914 is historically interesting, as that fateful year made a dividing line in all fields of work.

1914. Fifth Report, National Committee Nursing Service; Completed Classes: Washington, D. C., nine classes; South Manchester, Connecticut, two classes; Manchester, Massachusetts, one class; Danville, Illinois, one class; Paterson, N. J., two classes; Providence, R. I., one class; Philadelphia, Pa., six classes; Elyria, Ohio, one class; Cincinnati, Ohio, seven classes; total number of classes, thirty; total number of pupils, five hundred seven; total number of certificates issued, two hundred seventy-five. Current and Incomplete Classes: Clinton, N. Y., one class; Basking Ridge, N. J., one class; Gladstone and Peacock, one class; Bernardsville, N. J., one class; Amesbury, Massachusetts, one class; El Paso, Texas, one class; Cincinnati, Ohio, nine classes; Paterson, N. J., two classes; Utica, N. Y., one class; Cleveland, Ohio, one class; Norfolk, Va., one class; Troy, N. Y., two classes; total number of classes, twenty-two; total number of pupils, three hundred forty-four. Grand total, fifty-two classes; grand total, eight hundred fifty-one pupils.

The war stimulated the nursing activities of women to an intense degree, and this stimulus was heightened in 1916 by the threat of trouble on the Mexican border. Miss Delano wrote (December, 1916):[2]

> The interest in preparedness excited in this country by the European War, intensified in the early summer by the possibility of war between the United States and Mexico resulted in an extraordinary increase in the interest in the courses of instruction given under the auspices of the Red Cross.
>
> The demand by women anxious and eager to be of service to their country, for some form of instruction that would in a measure be preparatory, resulted in the recommendation by the National Committee on Nursing Service at the last annual meeting, that a combined course of ten lessons in

[2] Seventh Annual Report, 1916.

Elementary Hygiene and Home Care of the Sick and five in First Aid be arranged and put into practical operation. This was done, but as the demand for which this course was especially provided was no longer urgent, the special course was finally withdrawn September 1, 1916, after which the course of fifteen lessons in Elementary Hygiene and Home Care of the Sick was adopted as the basis of preparation and selection of women for service as nurses' aides.

The lessened urgency to which Miss Delano here refers did not last long, for although the menace of war with Mexico receded in the latter part of 1916, the next spring brought its own catastrophe, and the teaching of nurses' aides was resumed. This has already been described under its own heading. We return now to Miss Delano's interrupted report, (1916) in which she describes the "teaching center."

Red Cross classes for instruction have developed so rapidly that Chapters have been urged to form educational committees for the purpose of supervising some of the details of class organization and teaching. A closer coöperation has been urged between the Chapters and the Local Committees on Red Cross Nursing Service. This is being accomplished by membership upon the educational committees of the Chapter by one, or in some cases, two or more nurses from the Local Committees on Red Cross Nursing Service.

One of the practical outgrowths of this interest by the Chapters in the educational work of the Red Cross has been the development of the "Teaching Center" with a nurse director. Class organization and in many cases, instruction may be conducted by the director. Houses have been loaned or rented, adequate teaching equipment secured and by this centralization more uniform and efficient teaching has been the result. In some instances, all the Chapter activities—cutting and sewing, preparation of surgical supplies, packing and distribution as well as the instruction—have been centralized under a Red Cross nurse director. New York, Brooklyn, Philadelphia, Washington, Cincinnati, Cleveland, Chicago, San Francisco, Pasadena and Los Angeles have established such.

The classes in Elementary Hygiene and Home Care of the Sick have not only increased in number but have extended over a wider area. They have been given in Hawaii and in

> nearly all the states in the country, while larger cities and small towns display equal interest. The classes are given under the auspices of Chapters, clubs, churches, schools—public and private—individuals, stores, and industrial concerns. In many instances, where pupils cannot pay the class fees, these have been provided by persons interested in extending this instruction.
>
> The widespread interest in the courses of instruction given under the Red Cross has been revealed by an unprecedented demand for qualified Instructors. Every effort is being made by the Bureau of Nursing to secure, through Local Committees and the National and Local Leagues of Nursing Education, the names of nurses qualified and available for this work.

Classes in Home Dietetics were systematically launched with the publication of a textbook in 1917. The first were organized in February of that year. They rapidly became very popular. With the great expansion of interest in these courses due to the war, they were placed under the Bureau of Instruction.

The many groups acting as sponsors for class instruction gave decided color to the whole field of work, so varied were their forms and characters. They included Young Women's Christian Associations and Girls' Friendly Societies, Red Cross Chapters, women's clubs, church circles, public and private schools, shops, factories and individuals. The war period added semi-military groups, such as the encampment schools of the Women's Section of the Navy League.

Early in 1918, still under the pressure of a vastly augmented bulk of administrative work of all kinds, the decentralizing system of organization already described was effected by the Red Cross and the work of class instruction became more and more clearly defined as a growing, special branch of activity.

In the earliest work of founding classes, either for First Aid or Home Hygiene the Red Cross published simple suggestions on the following lines to guide its members: Organizers of classwork were to be certain of a suitable number of pupils who would agree to be regular in attendance, and who were then to select some one from the number to act as president of the class. The president so selected was to communicate with the Department of Instruction for Women at National Headquarters. A roll was then to be supplied to the class president, on which names of class members were to be inscribed and answers given,

in respect to certain essentials. Pupils under sixteen years of age were not to be accepted. The proper size of a class was between ten and twenty. The class president was expected to find a local physician or nurse to teach the respective classes. The name and address of each physician or nurse was to accompany the roll of pupils' names. Before the classwork was actually begun all instructors were to be approved by the Red Cross and a card of authorization issued from National Headquarters. Thus simply organized, the class teaching ran along easily for several years until the increasing stimulus of war efforts made itself felt. By 1916 classes for instruction had developed so rapidly that the Red Cross Chapters were urged by Headquarters to form Educational Committees to supervise the details of class organization teaching. The Chapters were also encouraged to coöperate closely with the Local Committees on Red Cross Nursing Service, which have been spoken of in a previous chapter, by placing one or more of the nurses from such committees on the educational committees of the Chapters. The Chapters responded so well and so intelligently to these suggestions that, from their coördinated educational efforts there developed the Teaching Center with a nurse director described by Miss Delano on a previous page.

To facilitate the organization of classes as thoroughly as possible either under the auspices of Chapters or other agencies, it was necessary to develop careful plans and procedures. These were worked out by the Nursing Service at National Headquarters. The instructions were very simple at first, and as the earliest classes were infrequent, each one was practically supervised from National Headquarters. Finally, however, many pamphlets and separate forms were required to explain the procedure, comprising as it did the qualifications and appointment of instructors; financing the classes; fees; equipment for teaching; the methods of sending in reports; conduct of examinations; marking papers; certificates; subject matter of the various types of instruction; guides for instructors and bibliographies for students and instructors. So complete was all this material that it forms a valuable part of the records in the archives of the American Red Cross at Washington, D. C.

The early phases incident to the organization of any project are often marked by difficulties and interruptions. Soon after the courses of instruction were set in motion, Marion Oliver, whose enthusiasm and interest had banished every thought of

difficulty, was obliged to leave Washington and sever her connection with these courses.

The effect of the war, however, was to stimulate greatly the public interest in all Red Cross work, and the organization of the Nursing Service in all its branches went swiftly on.

Miss Delano, as chairman of the National Committee on Nursing Service had assumed, from 1914 to 1916, the entire responsibility of these classes. Upon the appointment of Clara D. Noyes as director of the Bureau of Nursing Service in 1916, the classes were transferred to her general direction until they were placed under the Bureau of Instruction in April, 1917, with Helen Scott Hay in charge.

The decision of the Red Cross at the request of the War Department, early in 1916, to prepare twenty-five nurses' aides to form an auxiliary group to the nurses of each base hospital then under process of organization by the Red Cross for the War Department, gave a great impetus to the course of Elementary Hygiene and Home Care of the Sick. The course in itself was not considered as adequate preparation for this group, but hospitals acting as the parent institution to a base hospital were asked to give each individual selected for this group a month's course in the institution. Nevertheless hundreds of women who had finished the course felt that it might qualify them for service in military hospitals should the United States become engaged in war. The idea became more widespread and the demand for classes increased. Particularly was this true immediately after the declaration of war in April, 1917, and during the months that followed. The demand for instruction increased beyond the ability of the Nursing Service to provide facilities for it. The textbook on Home Dietetics which had been issued during the early winter of 1916, also attracted much interest. The demand for dietitians for service in military hospitals, as well as to act as instructors, became almost as great as that for nurse teachers. Until June, 1917, Miss Noyes worked alone with these activities. She was at the office early and late, Sundays and holidays. The pressure was so enormous that work increased beyond the space capacity to care for it. The third floor of the Headquarters building, including the gallery, was crowded with desks, and from approximately ten workers, including Miss Delano and Miss Noyes, the number grew until there were eighty, and still the work was beyond control. The details of the classes formed a con-

siderable part of the work with which this office force was busy. During the summer of 1917, the pressure for instructors was very great. There were as yet no Division officers to whom the selection of these nurses might be referred. Therefore, the Local Red Cross Nursing Committees, of which each state had one or more, were asked to recommend instructors.

Many times during the crowded summer of 1917 several baskets of papers of enrolled nurses would require examination in order to determine the qualifications for teaching the course before the instructors' appointment card could be issued. Before the card was sent out the approval of the Local Committee was secured. With the offices so crowded, and the click of typewriters and constant interruption making sustained, deliberative thought almost impossible, Miss Noyes frequently used the attic in which to scrutinize these credentials. Even the gravest occasions may have their humorous aspect and evidently this impressed one well-known writer—Gelett Burgess—who, in *Collier's Weekly,* August 1, 1917, wrote:

> "But here is the director of the Bureau of Nursing Service, come for a necessary conference. Crowded into a narrow space between tables, with women pushing, 'excuse me! excuse me!' past them every minute the conversation goes on until—'Miss Noyes, Miss Noyes'—the head of the Bureau of Nursing Service is called to the long distance phone, where a lady in another city, who had taken the examination in Home Care of the Sick, wildly wants to know: 'Where is my certificate?' Miss Noyes promises to send it by special delivery, does send it immediately. Her tormentor, however, without waiting the necessary time, continues to write, phone and telegraph, as if she expected the certificate to arrive instantaneously by wireless. Poor Miss Noyes! In order to do a little writing she has to forsake her comfortable office and flee for refuge to the attic."

This pressure continued until relieved by the appointment of Miss Hay in July, 1917. So rapidly had the work expanded that Miss Hay found a corps of 15 stenographers, six clerks, six typists and one messenger, who were attending to the details of this one activity. After decentralization was completed, the details of the conduct of classes were gradually transferred to the Division offices. The number of Red Cross Chapters had grown to 3700 and a vastly increased interest in the courses

was spread throughout their jurisdiction. As interest in the classes of Elementary Hygiene widened some dissatisfaction with the textbook was expressed, and revision seemed necessary. Miss Delano appointed a committee during the summer of 1917 to work out a suggested plan, of which Anna C. Jammé, of California, was the chairman. Two other nurses formed the committee of three; one of these was a Washington (D. C.) nurse whose name cannot be secured and the other was Amy Hilliard, who for the moment put aside her duties as general superintendent of Bellevue and Allied Schools of Nursing to come to National Headquarters and work out this plan.

Anne Hervey Strong, graduate of Bryn Mawr College, of the Albany Training School for Nurses and also of Teachers College, at that time professor of Public Health Nursing, Simmons College, Boston, was asked to undertake the revision, using the plan developed by the smaller committee and later approved by the National Committee. This she consented to do. After some delays, the book was ready for circulation early in 1918; the name was changed to "Home Hygiene and Care of the Sick"; the text revised and brought up to date with several other changes, such as a rearrangement of contents and the addition of a bibliography. At this time an interest in the book held by Miss McIsaac's sister was bought by Miss Delano. By the terms of Miss Delano's will the textbook with all author's royalties became the sole property of the American Red Cross.

Within the Division Departments of Nursing, the work in connection with the two courses of instruction, Elementary Hygiene and Home Care of the Sick and Home Dietetics, was systematized on the following plan:

a. Advice to and supervision of, Chapters on matters of general policy and practice prescribed by National Headquarters.

b. Supervision of instruction personnel; appointment of Chapter supervisors of the courses in Elementary Hygiene and Home Care of the Sick, and in Home Dietetics; appointment of instructors for Elementary Hygiene and Home Care of the Sick; coöperation with National Headquarters in the enrollment of Red Cross Dietitians and the appointment of instructors for Home Dietetics.

c. Advice to Chapters on matters concerning compensation of instructors and class fees.

d. Maintenance of records of instruction personnel, and forwarding of this information to Chapters.

e. Study and recommendations as to methods of promoting enrollment of students.

f. Advice to and coöperation with, Chapters on matters relating to classrooms and classroom equipment.

g. Summarization for the Division manager of reports of class instruction work received monthly from Chapters and preparation of Division summaries for transmittal by the Division manager to National Headquarters.

With the newly decentralized system, the work of the Bureau of Class Instruction at National Headquarters was divided and placed under the supervision of two bureaus known respectively as (1) Bureau of Elementary Hygiene and Home Care of the Sick, with Miss Hay as director, and (2) the Bureau of Dietitian Service, with Miss George as director. As the volume of work increased, it became necessary to appoint Division directors of the Bureau of Elementary Hygiene and Home Care of the Sick.

In January, 1918, the Surgeon General of the Army requested that Miss Hay be released from the Red Cross to do some special work in his office in connection with the Army School of Nursing. Following Miss Hay's resignation, Harriette Sheldon Douglas, whose name and interesting background have already been given in a previous chapter, became director of the Bureau of Nurses' Aides and Instruction. She continued in that office until December 31, 1921, when she resigned because of pressing personal claims upon her time.

Mrs. Isabelle Wilbur Baker succeeded Miss Douglas, coming to National Headquarters on January 1, 1922, from the New England Division, where she had served successively as an instructor, director of a Chapter teaching center and Division Director of Instruction in Home Hygiene and Care of the Sick. This practical training and experience was a valuable contribution to the development of the work at National Headquarters. Mrs. Baker was a graduate of the Rhode Island School of Nursing and previous to her marriage, had been superintendent of the Johnson Memorial Hospital, Stafford Springs, Connecticut.

During the period which elapsed between the year 1917 and the year 1922, class instruction for women increased to an almost incredible magnitude. Its character, too, altered per-

ceptibly and a marked difference in the class of students, during wartime and after, became evident. The war brought out many women who had visions of war nursing, but afterwards the extent of class teaching among factory workers, the young women of humble homes and, most strikingly, among rural families, mountain and farm dwellers, and little country villages, gave gratifying proof that a solid and enduring work of education had been built up. The number of certificates issued from 1914 to 1921 follow: 1914, 273 certificates; 1915, 250 certificates; 1916, 3927 certificates; 1917, 31,188 certificates; 1918, 27,942 certificates; 1919, 49,072 certificates; 1920, 89,748 certificates; 1921, 61,304 certificates.

These figures do not include thousands of women and girls who took the instruction but who for various reasons did not complete the course and receive the certificate.

The peak of enrollment was reached in 1920 when 117,908 pupils took the course. That the enthusiasm in this phase of health education should have reached its height at this particular period was a natural result of the alarm created by the influenza epidemics of the two preceding years. Never had the necessity for preparedness by every woman against the onslaughts of disease been more graphically and tragically emphasized.

When this instruction was first given there was but one authorized form—the Standard course. This consisted of lessons totaling twenty-two and one-half hours as a minimum; it was conducted by an authorized Red Cross nurse instructor. Examinations, both practical and theoretical, were given at the end of the lessons, and certificates were granted to those whose markings were satisfactory. In 1920 an adaptation and modification of the Standard course were authorized. The Adaptation of the course consisted of the same number of hours, followed by examinations and certificates as in the Standard course, but teachers of physiology, biology, physical training, and home economics and others specially qualified were allowed to give the theoretical instruction. It was designed for use in schools and remote communities. Authorized Red Cross nurse instructors in every instance were made responsible for the course and for giving the practical lessons. A plan was worked out by National Headquarters indicating those chapters in the Red Cross textbook that might be taught by the lay teacher and those that should be taught by the nurse instructor. By this

arrangement the nurse instructor's time was conserved, thus making it possible for a greater number of students to have the advantages of the instruction.

The Modification was authorized for the benefit of those women who would find it difficult to take a written test, for women lacking a knowledge of English and for girls too immature to take either Standard course. It covered the same number as the other two of the lessons to be given entirely by a Red Cross nurse instructor. No written examination was to be required, but practical tests were to be given, and at the completion of the lessons a certificate granted to those eligible.

In order to secure a standardized, efficient method of instruction and to give some special training in teaching to instructors, institutes were held in every Division under the supervision of the Division Directors of Home Hygiene and Care of the Sick, whose experience in teaching and administration had been demonstrated. The educational benefits of these institutes were invaluable, they not only enabled the Division Directors to come into personal contact with the instructors in their Divisions, but served to improve the methods and technique of the instructors themselves. A still further step leading to the better preparation of nurses as instructors in Home Hygiene and Care of the Sick was the inauguration in several universities and colleges of a short course in methods of teaching.

The "Guide for Instructors" was revised in the spring of 1921, with the expectation that it would help to secure greater uniformity of method in presenting the information contained in the textbook. It was compiled to assist especially the instructors who lacked experience in teaching or who had not learned to apply teaching methods to the care of the sick in the home. This Guide as revised contained outlines of the course, an excellent explanatory text, illustrations of nursing technique intended to standardize demonstrations, suggested lists of equipment for teaching centers and traveling equipment, and lists of substitute appliances which might be improvised from materials available in the simplest home. The substitute appliances were not clumsy devices, but ship-shape and trig. The pamphlet was amply illustrated. Miss Douglas lavished her energies in encouraging and developing resourcefulness among the instructors and in this she met with response and enthusiasm from the Division directors.

Because of the increased demand in rural communities for these classes, itinerant or field instructors were appointed in many of the Divisions. These instructors were supplied with traveling equipment which could be transported very easily no matter into what remote districts they traveled, or by what methods they were carried. Thus was simplified in a great measure the problem of carrying the message of Home Hygiene to isolated regions where it was impossible to set up teaching centers. The instructors in the insular possessions of the United States and in the foreign field were objects of special interest at Headquarters and their work was aided in every way by Miss Noyes and Miss Douglas. A complete miniature equipment for demonstrations in class was made up and sent to Alaska for the use of the instructor who conducted classes there.

Miss Douglas wrote (1921):

> I cannot praise too highly the splendid work many of our nurse instructors have done. They have been missionaries in the true sense of the word, overcoming many seemingly insurmountable obstacles and never sparing themselves in order to give various groups this necessary instruction.

Classes have been held in all types of schools: grade, high, parochial and private schools; vocational, Americanization and Continuation schools; universities, colleges and normal schools. They have been held in industrial plants, church and commercial organizations; for groups of Camp Fire Girls and Girl Scouts and for groups in Red Cross Teaching Centers. The work has been carried on in Alaska, the Dominican Republic, Hawaii, the Canal Zone, Porto Rico, Siberia, Poland, Czecho-Slovakia, China and the Philippine Islands. The classes have included missionaries, Indians, foreigners, deaf mutes and the blind; classes have been conducted for the Chinese women of Chinatown, N. Y. C., for the girls in the Crittenden Homes and other correctional institutions, for women and girls in practically all occupations, and as well those of the leisure class.

The instruction has been related more and more closely with the daily life and acts of service of those who have completed it. The desire to put the knowledge gained in these courses to practical use in the community has been evident. In several places where this work has been going on "Health Clubs" have been organized which participate in community projects, especially those which aid in public health.



A rural Red Cross class in Home Hygiene and Care of the Sick gathers at a cross-roads meeting-place.

The public health nurses recognize the value of this instruction as an introduction to their work in rural communities and as a means of developing civic pride. In one community a new school house and in another a hospital was established.

The vocational value of this course has been incalculable. Many a young girl, hesitating as to the choice of a vocation, has caught a glimpse, through the course in Home Hygiene and Care of the Sick, not only of the opportunities for service and success that lie in the nursing field but of the realization of any innate capacity she might possess for this career. Schools of nursing have already seen the truth of this statement and many of their applicants have been recruited as the direct result of the interest aroused by this instruction.

From every Red Cross Division instances have been reported where young women, having developed an interest in nursing from these classes, were encouraged to enter a school of nursing. From one Division alone it was reported that 125 young women had entered schools of nursing in one year. Many were from isolated homes in remote country or mountain regions where their opportunities were few and their future most limited, and who from their Home Hygiene classwork were led into wider lives of action and interest.

A certain Division Director of Home Hygiene was interviewing a candidate instructor:

> "Are you familiar with our course?" she asked.
>
> "Yes," was the reply. "Probably my desire to become a nurse would never have been stimulated but for this Red Cross course."
>
> "This is most interesting!" exclaimed the Division director, "and goes to show the importance of presenting the instruction to young girls as well as to older women."
>
> "All through my training," went on the candidate, "my ardent desire was to instruct classes in Home Hygiene under the Red Cross."

Needless to say she received the appointment as an instructor.

All over the country during the influenza epidemics of 1918 and 1919 the groups who had completed this course and many who had taken the course in preparation for the national emergency, gave voluntarily of their strength, time and service. Under the supervision of nurses and physicians they took care of children, the aged and the chronically diseased, thereby releas-

ing the graduate nurses for the care of the influenza patients. The majority of these women could not have rendered this service had it not been for the Red Cross instruction in Home Hygiene and Care of the Sick.

Motion pictures have been utilized for class instruction. "Every Woman's Problem," produced in 1920, was of such simple universal appeal and genuine educational value that it met with a never-failing popular welcome. It told the story of Mrs. Helpless and how she learned, through her course in Home Hygiene and Care of the Sick, efficient methods of caring for invalid Aunt Mary.

For the schools and rural sections where the motion picture could not be used lantern slides were prepared. The slides with captions, depicted the practical work of the course.

The wide extent and popularity of the classes in foreign fields as well as at home created a demand for the translation of the text-book on Home Hygiene and Care of the Sick in whole or in part into Czecho-Slovakian, Korean, Russian, Polish and Spanish. Perhaps no other book of its kind has been so widely translated.

Among the interesting exhibits placed in the museum at National Headquarters was a miniature reproduction designed to show how a class may be successfully conducted in an ordinary bedroom in an average home, using home equipment. The room contained two windows and a fireplace, providing almost perfect ventilation. The painted floor was bare except for a few rag rugs. Extra chairs were added for the accommodation of the class members, but otherwise the bedroom furnishings consisted only of two single beds, a dresser, washstand, a bedside table and a comfortable chair. A blackboard stood at one side of the room, and models and charts were suitably arranged. A hot water bag was in evidence. In one of the beds a member of the class acted as a patient and reclined against pillows supported by a suitcase which was utilized as a head rest. The instructor in full Red Cross uniform instructed the members of the class, one of whom made the empty bed, another carried a tray to the patient, while the "model" infant was seen in the foreground safely confined within his "kiddie coop" improvised from an inverted table.

CHAPTER XVII

THE DIETITIAN SERVICE

THE history of Red Cross work in "Home Dietetics," the "Bureau of Dietitians' Service" or the "Nutrition Service" as it has been variously called, falls easily into three periods.

The first of these covers the time from the inception by the Red Cross Nursing Service of work in dietetics to the time when the nation began to make definite moves towards casting in its lot with the Allies in the World War.

The second period extends, practically, from the time of the planning and organization of the first base hospital units to the signing of the armistice.

The third period is the period of transition from the acute situations of war to the more normal problems of peace, and closes, in so far as this history is concerned, with the date on which the bureau was made into an independent Red Cross service.

The Red Cross Nutrition Service, as it has come to be called, had its beginning in a course of instruction in "dietetics and household economy" which was offered by the National Committee on Red Cross Nursing Service along with courses in "First Aid" and "Hygiene and Home Nursing." The following statement of the purposes of these courses and the plans for them appeared in the annual report for the year 1912:

> It has been demonstrated that the instruction of men in first aid will reduce deaths and serious results from injuries about one-half. Similar instruction, including hygiene and home nursing, is no less important for women, but has never been undertaken on a national scale.
>
> The American Red Cross has decided to organize such classes and has placed them under the general direction of the National Committee on Red Cross Nursing Service. We hope for the coöperation of state and local committees and all enrolled Red Cross nurses.
>
> The course of instruction will include 10 lessons on first

> aid, 15 lessons in hygiene and home nursing and 15 lessons in dietetics and household economy. . . .
>
> The first aid courses must be given by a physician, and other instructions by a Red Cross nurse unless otherwise authorized by the committee in charge.

Miss Marion L. Oliver, of Washington, was placed in charge of the organization of these classes. The reports for 1913 and 1914 showed that no regular work in home dietetics was undertaken during these two years:

> *1913*—The instruction includes first aid, elementary hygiene and home care of the sick, with possibly later courses in dietetics and household economy.
>
> . . . . . .
>
> *1914*—Soon after the adoption of the general plan for the instruction of women, Miss Marion Oliver who was placed in charge of the organization of these classes, was obliged to leave Washington and give up temporarily the work in which she was so much interested. The unusual demands made upon the chairman of the National Committee during the past year have made it difficult to do much constructive work in connection with these classes for women, but we have been gratified at the evidences of interest and often surprised at requests for information from unexpected sources.

A little instruction in "dietetics" was sometimes included in the courses in home care of the sick given by nurses to classes organized during the year 1915 and in the earlier months of the year following. In a letter written to Miss C. E. Mason of The Castle School, Tarrytown-on-the-Hudson, under date of May 4, 1916, Miss Boardman stated that "200 women in the Naval Service School are taking courses in First Aid, Home Care of the Sick and *Dietetics* and Surgical Dressings. These courses," wrote Miss Boardman, "are all given under trained nurses."

While such limited instruction in diet may have been all that was thought necessary under the original plan, Miss Delano was quick to recognize that the country was approaching a crisis in which the best possible work in each line of service would be needed. In a letter to Pratt Institute dated July 2, 1915, she stated that "one of the instructors in dietetics in the public schools of Washington, Miss Ruth Tiffany, was good enough

last year to give a course of lessons in Dietetics which was organized under the auspices of the American Red Cross."

This was the beginning of a correspondence with a number of home economics people in regard to the preparation of a text-book on the subject of "Food Values and Home Dietetics" for use in similar classes. As a result, such a book was prepared by Miss Ada Z. Fish, head of the department of art and home economics of the William Penn High School for Girls, Philadelphia.

The aim and scope of this first text-book was given in the author's introduction:

> This book is designed for general use in classes to be taught under the supervision of the American Red Cross Nursing Service. The aim of the course is to give in a simple way the underlying principles of cookery. These are presented in fifteen lessons. There are also directions for fourteen lessons in practical cookery."

The book was not ready for circulation until in February, 1917; meanwhile little classwork was attempted. The Annual Report for 1916 said:

> During the year four experimental classes in dietetics were held, with a total enrollment of 43 pupils, and 36 certificates in this course were issued.

These classes were organized under the direction of Miss Noyes and were taught by dietitians.

The new aspects of the work were voiced in the same report:

> A great interest in this course in home dietetics has been evinced and the necessity for qualified instructors as well as for dietitians for base hospitals has resulted in the organization of a national committee on dietitians, of which Miss Emma A. Gunther of Teachers' College, is the chairman. It is hoped ultimately to organize local committees to assist with the work of enrolling dietitians for this purpose.

At a meeting of the National Committee on Red Cross Nursing Service held in Washington, December 12, 1916, Miss Gunther's appointment was approved. The other members of the committee as chosen by Miss Gunther, Anne W. Goodrich, Elva A. George and Isabel Ely Lord, were also approved. At

an adjourned meeting on the same date the chairman of the Committee on Dietitians was made an ex-officio member of the National Committee on Red Cross Nursing Service.

At this meeting Miss Gunther outlined very briefly the work that had been done and such plans for organization as had been formulated. She spoke of the opportunities for dietitians in connection with the Red Cross, not only as instructors in the course in Home Dietetics, but as dietitians for base hospitals and for such other opportunities as might eventually present themselves.

Even while this committee was being approved in the routine of business of the December meeting, Miss Delano was anticipating the need for a larger and more representative committee in order to compensate for the lack of State and Local Committees on Dietitians' Service. In a letter to Miss Fish under date of August 30, 1916, she wrote:

> We are planning to increase the Committee on Dietitians securing a representative woman in each of the large cities who will help us in securing instructors for the classes. Miss Gunther of Teachers College is chairman of this committee and you will no doubt hear from her soon in regard to membership on her committee, and I do hope that you will feel that you can accept the position. I am quite sure that we shall have difficulty in securing suitable instructors and shall rely upon your interest and coöperation.

The committee, as enlarged during the early months of 1917, was composed of the following members:

COMMITTEE ON RED CROSS DIETITIAN SERVICE

Ex-officio Member

Miss Jane A. Delano, Chairman, National Committee on Red Cross Nursing Service.
Miss Edna White, Chairman, Ohio State University, Columbus, Ohio.
Miss Emma Gunther, Teachers College, Columbia University, New York City.
Miss Isabel Ely Lord, Pratt Institute, Brooklyn, N. Y.
Dr. Ruth Wheeler, Goucher College, Baltimore, Md.
Miss Lenna Cooper, Battle Creek Sanitarium, Battle Creek, Mich.
Miss Catherine J. MacKay, Iowa State College, Ames, Iowa.

Dr. Agnes F. Morgan, University of California, Berkeley, Cal.
Miss Grace E. McCullough, Peter Bent Brigham Hospital, Boston, Mass.
Miss Ada Z. Fish, William Penn High School, Philadelphia, Pa.
Miss Effie Raitt, University of Washington, Seattle, Wash.
Miss Annie W. Goodrich, Army School of Nursing, Surgeon General's Office, Washington, D. C.
Miss Elva A. George, Red Cross Headquarters, Washington, D. C.
Miss Emma Smedley, Philadelphia, Pa.
Miss Helen M. Pope, Carnegie Institute, Pittsburg, Pa.
Miss Lulu Graves, care Modern Hospital, Chicago, Ill.
Miss Flora Rose, Cornell University, Ithaca, New York.
Miss Violet Ryley, Invalid Soldiers Commission, Toronto, Canada.
Miss Alice Loomis, University of Nebraska, Lincoln, Nebr.
Miss Clara Colburn, University of Chicago, Chicago, Ill.

Later, at the suggestion of the chairman, Miss White, Miss Emma Conley, who was in Washington temporarily, acted as chairman of the committee during her stay in order to facilitate the work.

In May, 1917, Miss George, a member of the committee, a graduate of Pratt Institute, Brooklyn, and long associated with Mt. Sinai Hospital, New York City, was brought to Red Cross Headquarters to take charge of the enrollment of dietitians and the organization of classes in Home Dietetics.

In the face of the prospect of war which overshadowed the country, no better statement of the organization aims and obligations of the new Dietitian Service of the Red Cross could have been formulated than that contained in Miss Noyes' circular letter to dietitians, issued in January, 1917:

> The development of the educational work and the organization of base hospital units under the auspices of the American Red Cross has created a demand for qualified and experienced dietitians.
>
> The opportunities for dietitians in this service may be grouped for the present under two main divisions.
>
> A. Instructors in Home Dietetics.
>
> B. Dietitians for base hospitals.
>
> The course in Home Dietetics given under the auspices of the American Red Cross should be given by a dietitian who

meets the requirements as established by the Central Committee on Dietitians of the American Red Cross. This committee passes upon the credentials of applicants and recommends to the Bureau of Nursing Service such dietitians as appear to meet all the requirements for instructors.

Classes in Home Dietetics are now being organized in all parts of the United States, and it is the desire of the Red Cross to keep on file at the National Headquarters as complete a list as possible of qualified dietitians who are ready to serve as instructors. A textbook has been prepared by Miss A. Z. Fish, William Penn High School, Philadelphia, and may be secured from the Red Cross at a cost of one dollar ($1.00).

The course in Home Dietetics consists of fifteen lessons of three hours each. Full particulars explaining the management of the classes will be forwarded upon request.

Dietitians are also needed to take care of the special diets in connection with the base hospitals now being organized by the Red Cross. Base hospitals are organized around civil institutions in time of peace in order that we may be prepared in event of war to send out groups of nurses, doctors and other personnel who are accustomed to working together. The dietitians are enrolled with the nursing staff and at the same salary, $50 per month.

It is also desired to keep lists of dietitians who will be available for dietetic work in convalescent hospitals, refreshment rooms, etc. If it is your desire to enroll for any one of these services, kindly fill out the inclosed application blanks and return to the Bureau of Nursing Service, Washington, D. C.

The year 1917 showed a rapid development of this service. Professional home economics workers, although already busy with tests, experiments and the preparation of literature for the solving of some of the problems which the country would be called upon to face in the conservation of food and other materials and in the safeguarding of health, were stirred by this added opportunity for service under the standard of the Red Cross. The first dietitian was enrolled February 3, 1917; by the end of the year six hundred and forty-five dietitians had been enrolled as instructors and an additional two hundred and eleven for Red Cross service in military hospitals. The first classes in Home Dietetics were organized in February and by the end of October, 1917, 309 classes had completed the course of instruction, and 2891 certificates had been issued. At the

time of making the annual report classes in Home Dietetics were being held in one hundred and forty-nine teaching centers. How successful this bureau was in enrolling and assigning dietitians for war service was summarized in Miss Delano's statement before the Twenty-first Annual Convention of the American Nurses' Association in 1918 in which she stated that 85 Red Cross dietitians were then in service in cantonment and naval hospitals while 48 others had been assigned to base hospital units and 3 to French military hospitals under Red Cross supervision, making a total of 133.

"We were fortunate," concluded Miss Delano, "in developing this service just before the needs of war came upon us, and so we have been able to meet the demands of the Army, the Navy, and special divisions of our own work."

Although the record of the total enrollment of dietitians by the Red Cross during the year 1917 was gratifying, on April 6 but twenty had been listed as qualified for service with base hospital units. By the end of June the enrollment had reached sixty-nine. Of these, nine had been assigned to units which sailed for France during May and June. Later in the year Miss Delano reported that seventeen were on active duty with base hospitals in France and that eighteen had been assigned to cantonment hospitals in this country.

As is stated in another chapter the first six base hospital units to be sent to France from this country, May and June, 1917, were loaned to the British Government and assigned to work with the British Expeditionary Forces. These were followed almost immediately by assignments to the American Expeditionary Forces, to camps and cantonments in this country, and to the Navy.

The distinction of being the first dietitian to enter active service overseas may be claimed by Florence Bettman [1] of Base Hospital Unit No. 10, Pennsylvania Hospital, Philadelphia, or by Anne T. Upham,[2] Base Hospital Unit No. 4, Lakeside

[1] Florence Bettman was born in Jersey City, N. J., attended school at Plainfield Seminary, and received her technical training in Boston and as pupil dietitian in Jefferson Hospital, Philadelphia. Later she held positions as dietitian in the Vacation House of the Pennsylvania Hospital for the Insane, and in the Presbyterian Hospital, Philadelphia.

[2] Anne T. Upham was born at Keene, New Hampshire. She attended school at Wheaton Seminary and completed the full course in home economics at Simmons College, Boston. After teaching in Proctor, Vermont, for one year, she became assistant dietitian in Lakeside Hospital, Cleveland.

Hospital, Cleveland, for the reason that May 8 was the date on which both of these units sailed.

A report made by Miss Upham stated:

> I was attached to Base Hospital No. 4, which was located at General Hospital No. 9, British Expeditionary Forces, at Rouen, France. As dietitian, I lived with the nurses. I was under the chief nurse, and was governed by the same rules and regulations as the Army nurses. My duties from May 25, 1917, to September 14, 1917, consisted of the management of the nurses' mess and the housekeeping duties of the nurses' quarters. From September 14, 1917, until June 10, 1918, my duties were to plan, prepare and serve food for special patients. I had no office and no special diet kitchen. All the work was done in the big hospital kitchen with British Army rations. I also planned and prepared the meals for the few sick officer patients who were in the hospital. During this time, the special diets had increased from two on the first day to 10 per cent of the total number of patients in the hospital by June 10, 1918. On this date, I was given the complete charge of the planning, preparing and serving of the food to all patients, as well as planning and supervising the special diets and the officer patients' diets. From July 1, 1918, I also had charge of the cooks and kitchen police, as there was no mess sergeant in the patients' kitchen. I continued with these duties until January 25th, 1919, when the hospital was closed. By this time, I had obtained the coöperation of the nurses, officers, and especially of the enlisted men who worked for me. I was in a British hospital where there had never been a dietitian, consequently I had to prove to the British officials that we could be of service. I was not hampered, as many dietitians were, by a mess officer who knew nothing about feeding a large number of people, and yet thought he knew it all. To me, it was very interesting to see how much could be done with very little equipment and limited rations. . . .
>
> At first the general opinion seemed to be that dietitians knew only how to serve ice cream and dainty foods, which were impossible in France. Therefore, the conclusion was drawn that they were useless members of a war-time organization.
>
> For any one with a sense of humor, there were many funny happenings. On one occasion when the British commanding officer read the roster of our unit, and saw the word "dietitian" after my name, he said, "What kind of a creature is that?" As it happened, he did not remain long enough to

find out that "that creature" was of some use. One day a British official was inspecting the kitchen, and I was introduced to him by the British quartermaster as "our lady cook." At first I seemed to be considered as merely a cook by the English, and oftentimes, much to my disgust, by the Americans, who it seemed to me should have known better.

The Peter Bent Brigham Hospital Unit sailed May 11. The dietitian with this unit was Marjorie Hulsizer,[3] of Winchester, Mass., Hospital.

The duties which fell to Miss Hulsizer, while she remained with the British Expeditionary Forces, served as a good illustration of the lack of standardization of the work of dietitians of which Miss Upham wrote. However, this condition was not peculiar to the British military organization.

In a letter to Red Cross Headquarters the chief nurse of the unit spoke of Miss Hulsizer's assignment:

> Of course her work is nothing like she had expected or hoped, and I do not know whether she will slump professionally or not. I hope not. But the diet system of the hospitals of the British Expeditionary Forces is so firmly established that it would require an Act of Parliament to sanction the introduction of a trained dietitian, neither would they know what it means. So she is the "home sister." She looks after our quarters, runs the mess, does the marketing, engineers the laundry women and is admired by everyone . . . down to the cook in the kitchen.

Miss Hulsizer herself wrote a breezy account of her duties at this time:

> We draw rations every morning of bacon, rice, onions, potatoes, tinned meat, milk, cocoa, jam, oleomargarine, pork and beans, sugar, salt, tea, cheese, bread, mustard, pepper, pickles, and coal and ice when they have it. I feed about one hundred and twenty people. We draw rations for eighty and since we are allowed three shillings for each person, we take the remainder for the one hundred and twenty in money which gives me what is called mess money. With it I buy fresh vegetables, fruit and other things not procurable in the

[3] Marjorie Hulsizer was born in Flemington, New Jersey, attended Oberlin College and later graduated from Simmons College. She was a pupil dietitian in the Peter Bent Brigham Hospital before taking up her work at Winchester.

rations or from the canteens near camp. The old market women shake hands with me, tell me that before the war is over I shall speak excellent French, and they complete the occasion by handing me a bunch of flowers, a "souvenir." Some days we get enough flowers to make the mess hall a regular bower. For marketing I am allowed a Red Cross ambulance. One of my P. B. men goes with me to carry the baskets and the officers' mess cook goes in at the same time to do his buying.

These ambulances are driven by girls from England. I get a different one detailed to me each time and I so enjoy talking to them. Their regular work consists in carrying the wounded from the trains to the hospitals.

The other part of my work is to keep the Sisters' quarters, seven huts, nine tents and seven alwyns, or portables, and the bathhouses clean. For that I had three P. B. men, but they have recently gone and all I have now is one patient detailed to my work full time and two patients two hours a day who can do no scrubbing or hard work, but we rub along somehow.

That things did turn out well at last for this particular dietitian, was chronicled in a letter which Miss Hulsizer wrote to the Director of Red Cross Nutrition Service at Washington after her return from France:

After I left the B. E. F. in December, 1918, I went to an American Hospital, Base 57, in Paris, for as soon as I learned that my unit, the Peter Bent Brigham, was to be sent home, I asked Miss Hall, chief nurse of the Red Cross in Paris, to find out if I could be transferred to the A. E. F. I felt that I couldn't go home without having the experience of feeding the patients themselves. She immediately arranged it for me with Miss Stimson.

. . . . . .

The hospital in Paris, No. 57, had been a large one. There were nearly a thousand patients when I arrived. In my diet kitchen we prepared food for four hundred and on down to fifty, and for *one* on the day I left. The work was interesting and I enjoyed working with the American soldiers. They are the most considerate, thoughtful, intelligent and easily taught boys I have ever seen. With the B. E. F. I had been running things absolutely on my own. A certain sum of money was given me each week by the chief nurse and I did the buying and kept the accounts. At No. 57 I found a mess officer to whom I appeared to be responsible. Nothing was explained

to me. I was left to "fall into things," and I fell. The mess officer was a *most* difficult one to get along with, but he was really very efficient and I respected his ability if not his personality. Finally, one day, I had a little talk with him "man to man" and after that we got along splendidly. He allowed me to buy, or to have bought, nearly everything that I needed. Occasionally I had to do a little explaining, but usually my orders were unquestioned.

On the whole, my experience in France was free from friction. I wanted to tell you this, as I have heard so many dietitians say that they have had most uncomfortable times. I never have had to do any of the cooking myself. I was always given plenty of cooks and K. P.'s. But I liked to have the boys feel that I actually could do things myself, so I often spent a good deal of time in the diet kitchen preparing food.

On June 10 Base Hospital Unit No. 2 from the Presbyterian Hospital of New York City assumed charge of British Military Hospital No. 1 at Le Tréport, France. Mary Radford Harold, a graduate of the Metropolitan Hospital School of Nursing, of New York City, and special student at Columbia University, acted as a dietitian with this unit, although she was enrolled as a reserve nurse. Miss Harold did not sail with the unit but took up her work later in the summer.

The fifth unit in the assignment to the British, Base Hospital No. 12, from the Northwestern University Medical School and Cook County Hospital, sailed May 19, on the S. S. *Mongolia*. On account of the tragic accident happening a few days out, which is described in another chapter, the *Mongolia* returned to New York, but on May 22 again sailed for France. With this unit were two dietitians, Mary Lindsley,[4] house director and business manager of the Illinois Training School for Nursing, and Margaret Knight,[5] head resident of Willard Hall, Northwestern University. Although Miss Knight's ap-

[4] Mary Lindsley was born in Green Village, New Jersey. She attended school at Eastern Seminary and later graduated from Pratt Institute, Brooklyn. She was dietitian for the Harrisburg General Hospital for two years, was with the Woman's Hospital of Northwestern University Medical School for two years and a half, and had been with the Illinois Training School for Nursing for four years at the time of receiving her appointment to military service.

[5] Margaret Knight was born in Ann Arbor, Michigan. She graduated from Vassar College and later received the degree of Master of Arts from Ohio State University, specializing in French. Her training in Food and Nutrition was received in the Department of Home Economics of the latter institution.

pointment was primarily as an interpreter, she was later assigned to duty on the hospital staff.

All through the report submitted by Miss Lindsley there radiated an optimism seemingly untouched either by the hardships which were beyond any one's control, or by entrenched British custom, (including tea for breakfast, which was beyond "Act of Parliament"). Her description of the bath accommodations gave evidence of her disposition to see the best side of things:

> The bathhouses were in reality long huts with a fire in the middle for heating the water. No other heat was available. Finding one's bath day posted meant, at the appointed time, putting on a trench coat and rubber boots and tramping through rain and slush to find icicles on the edge of the bathtub. And yet I know of no one who took cold, or who was otherwise made ill, by the tramps through the wet, or from taking a bath in the cold place.

Perhaps the most trying thing in the whole situation was the "long arm" method which she was called upon to use in doing her work. The British military mess system was well organized and no woman, dietitian or otherwise, was allowed access to the mess kitchen. In spite of the fact that Colonel Collins, commanding officer of the unit, made an earnest plea to the Division Director of Military Service that Miss Lindsley be allowed a diet kitchen, the thing simply could not be done. Her suggestions and orders were all formulated in consultation on the outside and reached the kitchen through the top sergeants. Nevertheless, she reported as among the things which made the work pleasant and interesting, the "working with the sergeants to secure greater variety in their messes, making substitutions for the regular army ration and formulating new recipes for using the limited materials to be had." The value of such a service as this following the not infrequent occasions when the German submarines had "beaten them to" the food transports, can well be imagined.

Another paragraph of Miss Lindsley's report showed that war has its playtime as well as its more serious business:

> Perhaps one of the most interesting experiences we had was our Field Day, July 4, 1918. As the British had entertained us at different times with their field sports, the officers and

men of our unit decided it was up to us to entertain them with some real American sports. The Fourth of July was the day set, and invitations were sent out to all the surrounding camps. Back of our camp was a plain between two sloping hills and this was selected as our natural amphitheater. The day was perfect and it was a beautiful sight to see the uniform of each of the Allied Forces against the background of green hills and blue sky. The "Silver Queen," a large British dirigible, which patrolled our coast on the lookout for submarines, came in and floated over the amphitheater. Farther out in the Channel were "submarine chasers" ready for any action that might be demanded of them.

While the sports were in progress a fleet of German observation planes flew over, dropping some of their light bombs, which burst, making little curly clouds in the air, but not one of the three thousand spectators left his place, so interested was every one in the sports and so sure that nothing more than an observation fleet would be passing so early in the afternoon. [One would be glad to believe that the Germans purposely selected their lightest bombs as a concession due to the occasion. Ed.]

The tea and sandwiches which were served after the sports were finished represented work to which the camp kitchen crews had contributed all their spare time.

In concluding her report Miss Lindsley stated:

May I summarize my experience by saying that to me the difficulties of the situation never seemed to be very great, but the opportunities of it were so tremendous that there was not time enough in the day to encompass them. Imagination was required and adaptability was required, and when these two were put together the difficulties were never insurmountable.

Miss Knight's account of her experiences in the same hospital read in part as follows:

We reached Camiers June 11, 1917, late at night. What we could see of the hospital seemed to be only huge tent wards with a few frame and metal buildings for administration offices, operating rooms, cook houses, etc. There were only three wards not under canvas and our hospital had 1850 beds, later enlarged to 2250. The women's quarters were one-story huts with rooms for two; the bathhouse in a separate metal building, and the kitchen, mess and sitting room in a larger but somewhat more carefully built. The night of our arrival we slept on boards with straw mattresses, but within a

few days our army cots had arrived, and with the addition of some essentials, such as a basin and pitcher, a table, an improvised chiffonier and curtains, a room became fairly comfortable for the warm months of the year. But in the winter the cold was almost unendurable; four pounds of coal per person per day is a pretty small ration and we always saved it until we could both be in the room, when our little stove did its best for us.

When, during the war, Miss Knight's parents received a letter from her in which she gave an account of the fuel allowance, they proceeded to weigh out four pounds of coal in order to visualize more clearly just what the possibilities of such an amount of fuel might be, and as Mrs. Knight reported, "We looked at that little heap of coal and then looked at each other."

Miss Knight's report continued:

The work given the dietitians was different in each hospital. Sometimes they cared for the nurses' home, with perhaps occasional assistance given to the officers' mess. In other places the dietitian prepared food for especially sick patients; still elsewhere she would have charge of the general hospital diet kitchen or the general walking patients' dining hall. This last was my special assignment.

The dining tent seated 320, eight at a table. Our serving was done cafeteria style and all the food carried across an open lot from the cook house. We had an improvised dish warmer, a huge box lined with pieces of tin that were cracker boxes flattened out. The shelves were of woven wire fencing and the heat was furnished by a little oil stove on the bottom shelf. When the meal was finished, the soldiers took their dishes to the exit and deposited them in boxes from which they were taken by the dish-washers, washed and sterilized. The washing was done out of doors; only a canvas stretched over tent poles protected the dish-washers. We had six army stoves each holding a huge pot which was kept constantly filled with water. It took nearly all of one man's time to keep these six fires going and the containers filled with water. Sometimes we fed 1450 each meal; that meant dishes were washed and returned to the serving table constantly. The best we could do was to serve 725 per hour and the sight of that long line of wounded and sick men standing patiently in the mud and rain waiting for their meals will always stay in my memory. We had a waiting tent for them, where they

could sit till a chance came to get into the dining tent, but nothing would induce them to use it no matter what the weather. The herding instinct was too great or else the army habit of a cue was too strong to overcome.

. . . . .

In the afternoons and evenings the dining tent was used as a club room. We always managed to keep one of the three stoves going and the men would gather in groups around the warm oasis on a winter night to write, play cards or read.

The two Christmases were the bright spots, the rest of the nearly two years of overseas work was made up of hard work, air raids, cold, rain, uncertainty of supplies, wounded, sick and complaining men. As professional dietitians, we had little chance to put into practice the training we had received; as women we had the chance of a lifetime to use as best we could what was given us of equipment and supplies and, best of all, to give to hundreds of men a bit of cheer and kindness. To see the lines smooth out of a nerve-worn face, the gruffer traits of human beings slip into the background under your efforts, those are the things that should remain in our minds as in a measure offsetting the horrors and the weariness and the anxieties of those months.

The last unit to assume charge of a British hospital during the year 1917 was Base Hospital Unit No. 21, of the Washington University Medical School of St. Louis. Rachel Watkins of Barnes Hospital, St. Louis, was the dietitian.

Although the dietitians in the British area carried on their work under the distinct limitations of an old and rigid military system, they succeeded in making their usefulness felt and five of the number were decorated by the British Government.

The splendid enthusiasm shown by the dietitians at this time, both at home and overseas, was equalled only by the anomalous nature of their status when once they were assigned to active duty. Although the Military Department had requested the Red Cross to maintain an enrollment of women professionally trained as dietitians, nothing was done in the way of defining the duties, rights and privileges of these dietitians after their services were accepted. The Manual for the Medical Department of the United States Army for 1916, stated:

Sec. 239, Page 85

When the number of sick requiring special diet is large, the commanding officer of the hospital may establish one or more

> diet kitchens for the preparation of their food, under the immediate direction of such skilled dietists as are available. Competent dietists belonging to the Nurse Corps may be assigned to this duty. Rules for the management of diet kitchens will be prescribed by the commanding officer of the hospital according to the particular needs of each case.

And in Section 760, page 227, the enumeration of personnel allowed a base hospital concluded with the following:

> 46 nurses, female (1 chief nurse, 1 assistant to chief nurse, 41 in wards, 2 in operating room, 1 *dietist*).

There appeared in all this little more than a rather vague idea that some competent nurse might be intrusted with special dietary work.

The information given out by the Red Cross under date of August 5, 1916, did not go much farther in the matter of status. In a circular letter to the chief nurse, "in *re* to dietitians for base hospital units," Miss Delano said:

> It has been decided that if a dietitian is appointed as a member of the unit she shall be counted as one of the fifty nurses and will probably receive the same salary allowed to nurses. I think it important that there should be no misunderstanding in regard to the dietitian being under the direction of the chief nurse of the unit, as otherwise there might be friction and difficulties. . . .

It was evident that Miss Delano was proceeding along the line indicated in the Manual of the Medical Department in thus rating the dietitians as "competent dietists belonging to the Nurse Corps." But, according to regulations, members of the Army Nurse Corps "shall be graduates of hospital training schools." Since dietitians received their training from quite another source they could not be included and no provision for military rating for a woman outside the Army Nurse Corps had been made by the Military Department—a situation which could not then be remedied except by Act of Congress. As such action was almost beyond the possibility of securing at the time, nothing remained for the dietitian but a position as a civilian employee, and the following circular was sent out from Red Cross Headquarters, October 2, 1917:

When a dietitian is not a nurse she comes under the heading of a civilian employee and should be included in the civilian list. Each chief nurse should communicate with the medical director in order to reserve a vacancy for the dietitian in this group. If this is not done, there will be no opportunity to secure salary and transportation. When the dietitian is a civilian employee a base hospital may take out 65 nurses. When the dietitian is also an enrolled Red Cross nurse she may be included as one of the 65 nurses.

The Red Cross provides a uniform for dietitians consisting of a gray worsted dress, cape, long uister and black velour hat. This should be worn with gray gloves and high black boots with low heels.

The result was that the dietitian found herself still in the Nurse Corps, but "not of it," a civilian employee "with a difference," and also without rank in a situation where authority was the first requisite in getting things accomplished. Added to this, complications in connection with the Nursing Service itself overseas were requiring strict attention from Red Cross Headquarters, the American Dietetics Association had not yet been organized, and the American Home Economics Association, deeply engrossed as it was with the work of food conservation, was giving little thought to dietitians beyond encouraging them to enroll for service under the Red Cross.

Manifestly, so far as the dietitians were concerned, the situation could be summed up in Kipling's lines descriptive of a certain military *faux pas*. "It got beyond all orders." That it did not also get "beyond all 'ope" was due to several reasons. First, the American Expeditionary Forces were guiltless of much of the tradition that belongs to an old and crystallized military organization, and the "civilian" dietitians were received with a fair degree of composure if not always with positive enthusiasm. Perhaps a second reason why the dietitians "muddled through" as well as they did was that they were in a sense undisciplined; their training had given them some knowledge of subject matter, along with a general desire to put this to practical use, but they were, themselves, little used to the discipline of either the soldier or the nurse and, as a consequence, they went into the work "on their own," little troubled by notions of precedent, proceeding as fast and as far as the commanding officer or the mess officer would permit. Surely a third reason for whatever success the dietitians may have to

their credit is due to the fact that, given the opportunity, they were able, in most instances, to demonstrate the value of their service; recognition was sometimes slow in coming but it usually came.

Following the Circular of October 2, 1917, already quoted, no formal action in regard to dietitians was taken during the remainder of the year, but a few excerpts from the report of a dietitian, Mrs. MacPhadyen [6] who was with one of the first base hospital units of the American Expeditionary Forces illustrated well some of the points which have just been made. In her report she said:

> We sailed from New York August 7th, 1917, arriving in St. Nazaire August 20th, 1917. On arrival we found that all Red Cross nurses and dietitians were transferred to the Army. We did not feel very happy about this, but of course there was nothing to do but make the best of it.
>
> However, the Red Cross did not forsake us. After we arrived at our destination we received many things which added to our comfort,—blankets, sweaters and warm clothes, which were greatly needed, as our first winter was very cold.
>
> I found that no provision had been made by the Army for special diets or diet kitchens. It was a case of using my own initiative and doing what I thought best in my own department. I was allowed to have several chests of cooking utensils and equipment sent by the Red Cross, and I began my work by taking a corner of the main kitchen and making special diets for the sick, which after two weeks numbered about fifty. My first patients fared well, I assure you. . . . Finally, our commanding officer, seeing I was determined to have a diet kitchen, came to my rescue and provided suitable quarters, also furnishing all extra equipment needed, such as a gas range and cooking utensils. The Red Cross ranges were put into the main kitchen for cooking light diets, of which I also had supervision.
>
> Everything moved along smoothly. I soon had a well-

[6] Mrs. Margaret MacPhadyen was born in Ivernie, Aberdeenshire, Scotland. She was graduated from MacDonald Ontario Agricultural College in 1913, and the following year was instructor in domestic science and food value for the Agricultural Department of Toronto. Her hospital work previous to her entering military service was done in Harlem Hospital, in Bellevue and in the Ontario Ladies Hospital. On October 10, 1918, Mrs. MacPhadyen resigned from the Medical Department of the United States Army and accepted a position as dietitian with the Bureau of Hospital Administration, American Red Cross Headquarters, Hotel Regina, Paris. Mrs. MacPhadyen was assigned to U. S. Base Hospital Unit No. 9, New York Hospital Unit.

equipped and up-to-date diet kitchen, one that would compare favorably with those of many New York hospitals. Our patients increased rapidly. I rarely had less than three hundred light and special diets, and during the drive five or six hundred. I did my best to represent the Red Cross and to do the work I knew they would wish me to do.

In a letter to Miss George, under date of January 31, 1918, Mrs. MacPhadyen stated:

> There are some things in regard to the work here which I would like to tell you about. To begin with, there seems to be a vague idea of what we are really here for.
>
> I have had to do all my own planning. Fortunately, I have a splendid commanding officer, who has done everything in his power to aid the work. The chief nurse, I am sorry to say, has not been of much assistance, thinking at first, apparently, that I did not "belong" because I was a "civilian." This going as a "civilian" is a strange arrangement and very disagreeable. . . . I was able to take my place and to hold my own after I came here, but a younger and less experienced person would have been completely discouraged. . . . There is another matter I wish to know about,—they are asking officers, enlisted men and nurses to take out insurance. I wished to do so but was told that I could not, as I was a "civilian."

In May, 1917, Congress authorized the establishment of thirty-two camps and cantonments in this country, and in September the Red Cross was called upon to furnish dietitians for this service. Here they served as administrative dietitians, as diet supervisors or as instructors in dietetics in the Army School of Nursing.

As might be expected, conditions under which the dietitian worked varied as widely in the different cantonments as in the base hospitals overseas. Thus, from one dietitian:

> The three months I spent at Camp Wadsworth were not as pleasant as they might have been because the status of the dietitian was so very uncertain. Part of the time I was under the chief nurse, and part of the time under the mess officer. There were no rules or regulations concerning me.

And this from a dietitian at Camp Shelby:

> I am directly responsible to the mess officer and the commanding officers, and am rated with the officers.

Judging from the following report from a dietitian at Camp Greene, North Carolina, things were not so bad—merely a trifle confused:

> The mess officer under whom I work is very progressive and is getting things into fine shape, improving all the time. . . . Are there any special rules for the dietitians, especially as to hours, or do they keep the same hours as the nurses, and, if so, what hours are the nurses supposed to have?

Notwithstanding the fact that work in the cantonment hospitals did not afford the inspiration which accompanied service overseas, something of the spirit of the "trenches" was usually evident whenever things got a bit thick. To quote a report from Camp Travis:

> I have been here two weeks as dietitian, and I find my position a peculiar one. . . . I supposed that when we were sworn in that, for the period of the war, we were members of the Army Nurse Corps. . . . Now I find that we are listed as civilian employees and have no military standing . . . but, whatever my standing, it will make no difference with my work which I am trying to do as well as I can.

"Carrying on" in the face of more serious difficulties was indicated in this report from a dietitian at Letterman Hospital:

> I have been assigned to the diet kitchen in the officers' ward, and have been disappointed in finding much manual work to be done by dietitian. . . . Heretofore, as you know, nurses have had charge, the last one having been in this diet kitchen for more than two years. She was a hard-working German woman, willing to stay on duty all hours, and who did much of the actual cooking herself. . . . I took the matter up with Miss Keener, the chief nurse, who sees the situation as I do, and she in turn took it to the commanding officer. He was very kind but said he could give me no extra help. He said to simplify the menus and to cut out all special diets, giving the semi-solid, light and full diets practically the same. . . . This very morning, after the order had been given to retrench on specials, the wrath of the ward medical chief came down upon my head, for he wished to test a four-

day diabetic diet. When I explained the situation he saw things my way and returned to his duties—but, *I did the diets for him,* as I know I always will do if it is at all possible.

The work of giving instruction in the Army School of Nursing was attractive to most of the dietitians assigned to this duty. The extracts quoted below from the report of Irma Latzer (now Mrs. Gamble), a graduate of the University of Illinois, give a picture of this phase of the work of dietitians, and, at the same time, throw a side light upon the confusion wrought everywhere by the never-to-be-forgotten epidemic of influenza. She stated:

I was at the Base Hospital at Camp Grant from the middle of September, 1918, to the middle of the following April. Because of my previous experience I was assigned the duty of giving instruction in dietetics to the students in the Army School of Nursing.

Three days after I arrived at camp the "flu" epidemic reached us and classes could not be started until the epidemic had passed. During that time every one served where most needed in caring for the sick as they were brought to the hospital by the hundreds.

I was given charge of the nurses' mess. The meals were not hard to plan or prepare, for the allowance per person was liberal and the detail help was plentiful. Of course the "flu" did not pass up cooks and waitresses, but with volunteer help from Rockford we all managed to be fed.

When the time came for classes to begin it was not a difficult problem to equip the diet kitchen. Lieutenant Colonel D. C. Michie, commanding officer of the Base Hospital, was deeply interested in the welfare of the student nurses and through him and Miss Anna Williamson, chief nurse, the purchasing of good and adequate equipment was comparatively easy. . . . A complete set of kitchen utensils for every desk and one large electric range made it as easy to teach dietetics in the army as in any modern university classroom.

The students were an interesting group to work with. Although they varied as to age and previous school training all were there for a definite purpose and eager to make the best use of their time and opportunities.

The course outlined for the Army Schools of Nursing was followed as closely as practicable, but this course was preceded by four demonstration lessons to aid the students in their practical work on the wards. The student group had to be

> divided into four sections because of the large number and their different times of arrival at camp. Every section upon the completion of its course gave a dinner to which were invited the various commanding officers of Camp Grant and members of the faculty of the Army School of Nursing.
>
> The course in dietetics was followed by a lecture course in diet in disease, in which the students were also keenly interested.

Of course, overseas service was the hoped-for goal of many of the dietitians who entered service here, and it can be believed that the following note which reached Miss George was intended to carry a hint:

> I have been on duty at Camp ——— in the dietitian service since January 10th, and I find that the experience in an army diet kitchen here . . . would certainly be very valuable by way of introduction to hospital work abroad.

In no calling or profession does each individual measure up to standard in matters of training, experience, executive ability, personality or tact. Dietitians were no exception to the rule, and in view of the responsibility which came to the individual dietitian, the wisdom of the requirement made by the War Department that, before being assigned to duty overseas, the dietitian must serve in a cantonment hospital in this country may be appreciated. The following letter from Dr. Ruth Wheeler to Miss George of the date of May 2, 1918, gave an indication of the sifting-out process.

> When you can, will you have some one look into conditions in our side of the work at Camp ———? Reports have come to me that there are four dietitians there, no one of whom has sufficient training herself to enable her to train the others or to direct the whole scheme really well. One of our alumnæ who is there says she is doing nothing that any maid servant could not do. . . . I have written her that her job just now is to be thankful that she is in such a fortunate position for getting the knowledge and experience she needs. . . . She is probably doing as important work as she is capable of right now.

Two dietitians died while in the service in cantonment hospitals in this country. Olive Ward Norcross, of Worcester, Massachusetts, a graduate of the State Normal School at Fram-

ingham, Massachusetts, died September 26, 1918, at Camp Dix, New Jersey. Meda Morse, of Foxboro, Massachusetts, also a graduate of Framingham Normal School, died December 24, 1918, at Camp Taylor, Kentucky.

By the end of June, 1918, eighty-two dietitians were on duty in the cantonment hospitals in this country. This number was greatly augmented during the following months and at the close of the fiscal year June 30, 1919, one hundred and forty-three were on duty in the United States and Hawaii.

As dietitians were not named in the enumeration of positions open to enlistment in the Navy, the one dietitian, Henrietta L. French,[7] who saw Naval service abroad, enlisted as a yeoman (f) and later functioned as a dietitian. Miss French entered the service in October, 1917, and was assigned to Naval Base Hospital No. 2 at Strathpeffer, Scotland.

Fifteen dietitians served in Naval hospitals in this country, five being assigned to the Great Lakes Naval Training Station Base Hospital with Mildred G. Stiles [8] as head dietitian. Miss Stiles was assigned to duty February 8, 1918, and resigned from the service in June, 1920, on account of ill-health. During this time she served in the hospital at the Norfolk Naval Base, with the Naval Hospital at Annapolis and New York Naval Hospital.

Taken in cross-section, the Navy seems to have regarded the innovation of the dietitian strictly from the point of view of the "special interest" involved. This statement from a Naval officer:

> With all this difficulty of getting food, I want a dietitian who can tell me what to use if I haven't the particular article of food which I should have.

And this from "before the mast:"

> "We got another one o' them."
> "One o' what?"
> "One o' them as wants to take our beans."

[7] Henrietta L. French graduated in Home Economics at Lewis Institute, Chicago, and subsequently held the position of dietitian at Mudlavia Sanitarium at Kramer, Indiana, in the University of California Hospital and in the Naval Base Hospital at Stanford, California.

[8] Mildred G. Stiles graduated from Simmons College in 1915, was dietitian in the Vermont Sanatoria at Pittsford, Vermont, for one year, and later with the Y. W. C. A. in Albany, N. Y. and with the same organization at Youngstown, Ohio.

The Navy being, perforce, a more or less self-sufficient institution early made arrangements with several universities to have instruction in dietetics given to their Hospital Corps men. Of this work, Gertrude Thomas of the University Hospital, Minneapolis, Minnesota, wrote to Miss George in March, 1918:

> At present, besides the hospital work, I am engaged in teaching dietetics to Hospital Corps men for the Navy. This work is very interesting and we have begun classes for the second group of one hundred men.

Of the little group of fifteen dietitians who served with the Navy, two made the supreme sacrifice. These were Irene I. Jury of Washington, D. C., a graduate of the Lucy Webb Hayes National Training School of Washington, who died at the Naval Hospital at Pelham Bay Park, N. Y., December 9, 1918, and Hortense Elizabeth Wind, of Ann Arbor, Michigan, a graduate of Iowa State College, who died December 10, 1918, at Norfolk, Virginia.

Subsequent to the issuance of the circular letter of August 5, 1917, already quoted, the matter of the status of dietitians received little attention until the following spring. At a special meeting of the National Committee on Red Cross Nursing Service held at National Headquarters March 14, 1918, Miss George, who was present by invitation, reported the assignment of 130 dietitians to duty in the Army, Navy and Red Cross. Quoting from the Minutes of the meeting:

> A discussion followed on the duties and responsibilities of dietitians in military hospitals, including relation of dietitian to commanding officer. Miss Nutting stated that the dietitians felt that they could do more efficient work if they were under the direct authority of the commanding officer rather than the divided responsibility to the mess sergeant and to the chief nurse.

The committee adjourned, however, without taking any formal action in the matter.

Naturally the American Dietetics Association which had been organized in Cleveland the previous October with Lulu Graves, head dietitian of Cleveland Lakeside Hospital, as president, and Lena F. Cooper, head of the Battle Creek Sanitarium School of Home Economics, as first vice-presi-

dent, was interesting itself in plans to simplify the situation for the dietitians in active service. Also the Division of Food and Nutrition of the Sanitary Corps of the Army gave promise of being able to understand to some extent the difficulties of the dietitians. A brief statement of the organization and initial activities of this division is copied from the report of the Surgeon General June 30, 1919, Vol. II:

> In August, 1917, there was organized in the office of the Surgeon General a Division of Food and Nutrition and its officers were authorized by letter of the Secretary of War dated October 16, 1917, to inspect food supplies in camps, to endeavor to improve the mess conditions and to study the ration suitability and food requirements of the troops. Officers of this division were sent to camps in the United States and while in camp gave instruction to cooks, mess officers and unit commanders and also made extensive studies of ration requirements and suitability. In March, 1918, it was decided to send a group of these officers to the American Expeditionary Forces to organize similar work in France. To this end, on March 7, six officers left the States for that purpose. This party proceeded first to England and remained there from March 16 to April 2. . . . One officer was left in England to continue the work there and on April 3 the other five officers proceeded to France, reporting to the chief surgeon at Tours on April 12. . . . Each officer visited and inspected organizations in his sector (assigned him) and reported his observations. Later the group came together at Dijon. The following extract from the report of the director of the section summarizes the results of this preliminary survey:
>
> > The results of this preliminary inquiry and of the reports and conferences led to the conclusion that although the garrison ration being issued generally to troops was adequate as to total food material and the quality of the articles as a rule good, in many places the feeding of the men was poor, due in large part to the unfamiliarity of the mess sergeants and cooks with the ration in kind and to their general inefficiency under the conditions existing in France, to a lack of interest in or attention to mess conditions by company commanders and higher officers, and in the advance section, where daily automatic issue was in force, to the issue of too many components on a single day, in correspondingly small amounts, i.e., to an unwise issue system. There was nearly everywhere great waste of food, with consequent underfeeding. . . .

> As a result of this conference it was decided by the director of laboratories to establish, with the consent of the chief surgeon, a section of food and nutrition in that office.

Meanwhile, under date of March 15, Miss Cooper wrote to Major Murlin of the Food and Nutrition Division reporting to him a conference which she had had with Colonel Furbush of the Surgeon General's office. Major Murlin's reply dated March 25, was in part as follows:

> Owing to the fact that I have been absent from the office for a week your letter of March 15th has just come to my attention.
>
> I am, of course, interested in what you tell me about your conference with Colonel Furbush. My own impression is an agreement with what Colonel Furbush told you, viz., that the proposed arrangement could scarcely be accomplished at the present time. I am not at all sure but that the Surgeon General would take an altogether different view of the matter, particularly if your president and yourself, or some other committee, should wait upon him in person and lay the matter before him.
>
> Whatever you do along this line, you should be careful to make it clear that the matter has not originated with myself. In other words, I am not requesting that the dietitians be brought under this division, where I think they belong. I feel with you that matters are not satisfactory either to the dietitians or to the Army officials. . . .

As indicated by this letter it was hoped that the Dietitian Service might be made a part of the Food and Nutrition Division, but on account of other demands made upon both Miss Graves and Miss Cooper the plan was not put forward officially. Somewhat aside from this, however, the rather exhaustive set of suggestions quoted below and formulated in part by the New York Dietitians Association was sent informally to the Surgeon General's office:

SUGGESTIONS FOR THE GUIDANCE OF DIETITIANS IN SERVICE UNDER THE WAR AND NAVY DEPARTMENTS

RESPONSIBILITIES AND DUTIES

It should be understood by the officer of the hospital to which a dietitian is assigned, whether she comes in the

capacity of an administrative dietitian or as a special diet supervisor.

Administrative Dietitians shall be under the supervision of the Commanding Officer, to whom they will make all complaints, criticisms and suggestions. Their responsibilities and duties should be outlined by the Commanding Officer and facilities for desk work supplied. Power to report workers to the Commanding Officer.

They will coöperate with the medical staff, the Chief Nurse and the Quartermaster's department.

They will be under the social supervision of the Chief Nurse.

The duties of administrative dietitians will be the making of menus, regulating of dietaries, the supervision of preparation of food, and the control of sanitary conditions under which food is prepared, direction of transportation of food to serving kitchens, requisitioning on Quartermaster's department, supervision of cafeteria service in mess halls.

Special diet supervisors shall be under the supervision of the Commanding Officer, but shall be directly responsible to the chief medical officer. They shall be responsible to the Commanding Officer in all matters pertaining to coöperation with other departments. Shall have proper kitchens and equipment.

They will be under the social supervision of the Chief Nurse.

The duties of special diet supervisors shall be supervision of the preparation of soft, light and liquid diets, and special diets. Transportation of same to ward serving rooms, requisitioning for diet kitchen needs to Quartermaster's department, have complete control of the diet kitchen working force, subject to the Commanding Officer's direction.

Uniforms

The duty uniform should be plain white, made like the nurses' No. 400. The Red Cross duty uniform of blue crepe, with white collars and cuffs and apron, may be purchased after assignment to duty. The Red Cross cap may be worn, if the dietitian is enrolled in the Red Cross service.

A gray uniform may be purchased after assignment to duty, made in the style of the Army, or the Navy, nurses' uniforms.

A gray cape is issued by the Red Cross after assignment to duty.

Insignia

The Dietitian may wear a Red Cross dietitian's badge if she is enrolled under the Red Cross.

She should be permitted the use of the letters U.S. and the caducei with the letter D added. (Note that the Sanitary Corps wear caducei with the letters S.C. added.)

ENLISTMENT

The dietitian should either be enlisted for three years' service, or be counted as a reserve.

RANK

Where responsibility entitles, the dietitians, like the nurses, should be considered for a ranking position.

SALARIES

Administrative dietitians, as for chief nurse.
Special Diet Supervisor, $60 a month, with traveling expenses and maintenance, as for enlisted and reserve nurses.

LEAVE

As for nurses.

RELEASE

For illness or other serious causes, only.

TRANSFERS TO OTHER SERVICES

At the discretion of the Surgeon General's office, dietitians may be transferred from one service to another.

In discussing the above suggestions with Miss George, Miss Noyes merely expressed doubt as to their having any weight with the Surgeon General. As a matter of fact Circular No. 27, famous among dietitians, and issued by the Surgeon General May 13, 1918, showed the influence, not of the "suggestions," but of the report made by the Division of Food and Nutrition. The circular in full was as follows:

AMERICAN EXPEDITIONARY FORCES

CIRCULAR NO. 27

1. ADMINISTRATION OF MESSES—FUNCTION OF DIETITIAN: The reports of medical inspectors and officers of the Food and Nutrition Section show that the administration of messes is,

as a rule, the least efficient and satisfactory part of hospital administration. The defects noted are a monotonous and ill-balanced dietary, poor service, and lack of cleanliness in the kitchen and the kitchen personnel. These inspections show that the Commanding Officers have not made the proper use of the agency which is especially intended to correct these defects, that is, to make the proper use of the dietitians who have been assigned to the base hospitals to use their expert knowledge for the correction of these defects and to exercise the constant vigilance and attention to detail which is necessary to successful administration of mess.

Dietitians are trained experts in nutrition and food preparation. If not trained nurses, they are civilian employés having a status analogous to a trained nurse. The function of the dietitians is to supervise the preparation not only of the special diets, but to make out the bills of fare and supervise the preparation of all food furnished by the government. The dietitian has expert knowledge of which the Commanding Officer should make the fullest use for the benefit of his command. She should be able to relieve the mess officer from the burden of details required to secure a well balanced ration, proper variety and preparation and a good service. The mess officer should make a daily inspection, accompanied by the dietitian and the mess sergeant, to see that the details of a good service are carried out fully and completely.

Like all other women of the personnel of a base hospital, the dietitian is under the disciplinary authority of the Chief Nurse.

While "scraps" of official paper are always valued as things to conjure by, it is doubtful if the issuance of this order had the effect of modifying directly the situation of the dietitian in any particular hospital. As has been previously suggested, the dietitian made her way in the military service largely by the force of her personality. As late as December 9, 1918, in an address [9] given before the American Public Health Association in Chicago, Major Hoskins, of the Division of Food and Nutrition said:

> At times it is difficult to secure the nice adjustments demanded when a woman dietitian without military status, a mess officer, previously a hotel manager, and an old Army mess sergeant are required to coöperate in the same kitchen.

[9] Reported in the *American Journal of Public Health*, June, 1919.

Mary Pascoe, of the University of Nebraska, and dietitian in Base Hospitals No. 8, No. 117 and No. 214, June, 1918, to July, 1919, said:

> No changes having been made in the duties of mess officers or sergeants at the time the above duties of army dietitians were formulated, the immediate carrying out of these duties would have been absolutely impossible unless one could have succeeded in having these individuals remain more or less in a comatose condition. A perusal of the Army Cooks' Manual will show definitely that a strict adherence to these duties on the part of the dietitian would result in immediate friction with those persons with whom it was absolutely necessary to coöperate—the mess officer and the mess sergeant.
>
> However, in time I did find it possible to justify to myself my presence in France, even though the results I was able to obtain fell short of what I had hoped to do when I reached France. . . . At all times I had the sympathy and the backing of the commanding officer.

Again in contrast, quoting from the report of another dietitian:[10]

> I was allowed none of the many other duties ascribed to the dietitian by "Ford"[11] and by Paragraph 1 in the Circular No. 27 issued by the Chief Surgeon of A. E. F. May 13, 1918. When the commanding officer refused to allow me even the administration of the diet kitchen unmolested by the mess officer, I asked on Oct. 29, 1918, through proper channels, for transfer, but heard nothing of it.

That "Circular 27" could and did work "overtime" in some instances may be gleaned from a quotation from the report of Sara Sellers,[12] dietitian, Base Hospital No. 22:

[10] Gertrude Palmer, dietitian, Base Hospital No. 46. Complete report on file in the office of Nutrition Service, Red Cross National Headquarters.

[11] "Details of Medical Military Administration," by Joseph H. Ford, B.S., A.M., M.D., Col. Medical Corps, U. S. Army, July, 1918.

[12] Sara Sellers (now Mrs. Arthur T. Schunck) was born at Lebanon, Ohio. She was graduated in Home Economics from Ohio State University in 1913, and later entered St. Luke's Hospital, New York City, as pupil dietitian. Following this she was dietitian at Ellis Hospital, Schenectady, N. Y. After eight months' work at Michael Reese Hospital, Chicago, she returned to St. Luke's as head dietitian, which position she held until she was assigned to Base Hospital No. 22. During her stay in New York she taught classes in canteen work under the Y. W. C. A.

I maintained the position of chief executive of the kitchen and the kitchen personnel. Both the mess sergeant and kitchen sergeant were responsible to my orders. Matters of discipline were attended to by the mess sergeant. The mess officer acted as my superior officer in name only—or in such instances as sending requests through channels, etc., according to Army routine. In all matters of menu, diet, sanitation of the kitchens and mess halls I was responsible. My position was maintained by the orders, support and coöperation of the commanding officer and by the loyalty of the mess sergeant.

The kitchen of our original unit was entirely inadequate and impossible. I submitted plans for its reconstruction and personally supervised a group of carpenters who made the desired changes. My plans met with the approval of the camp commandant, also of Major Gore. The kitchens assigned to Unit 22 and supervised by the mess department of No. 22 were constructed by the engineers according to my plans. The original plans contained 24-inch sinks in a kitchen which was designed to serve 1000 patients, besides other inadequate fittings. The maximum number served from the reconstructed kitchen was 3200 patients.

Between June 15th and 30th I was on temporary duty with Base Hospital No. 6 at Talance, Bordeaux. I was ordered to make a survey of the kitchens, mess halls, service, waste, sanitation and organization. This I did, and submitted a formal report to the commanding officer, Colonel Babcock.

The following graphic and altogether human description of some of her experiences as given by Miss Hungate,[13] will be of interest just here. It will be noted that Miss Hungate did not sail for overseas until August, 1918, some time after the Military Department had issued the order referred to above. Miss Hungate's report read in part as follows:

After a session of several months at Camp Wheeler, Georgia, I became the one hundred and oneth feminine mem-

[13] Mary Taylor Hungate, (now Mrs. W. F. Bennett of Quantico, Virginia) was born in Nebraska. She was granted the A.B. degree from the University of Nebraska in 1915, and following this received a year of special training in dieteties under Dr. Edna D. Day at the University of Kansas. For a year and a half she was head of the Domestic Science Department and manager of the school cafeteria of the Twin Falls, Idaho, public schools. February 1, 1917, she was made a supervisor and agent of the Redpath-Horner Chautauqua. She began her work as dietitian in the army at Camp Wheeler, Georgia, March 1, 1918, and was sent to France in the following August. Here she served until July, 1919. Subsequent to her return from overseas she was appointed to Walter Reed Hospital and later to the United States Army Department Hospital at Honolulu.

ber of Base Hospital No. 51, an organization which originated in Boston, but which contained about thirty others who, like myself, well remember their first trip east to Chicago. The doctors and hospital corpsmen of the unit were sent overseas first, while the nurses were retained in New York, being outfitted with uniforms and schooled in military drill. The hundred nurses all wore street uniforms of blue serge, blue velour hats and tan shoes; while I, the dietitian, the one hundred and oneth, was duly fitted out in a similar suit of gray, a black hat and black shoes. There was no question about it, I was the odd member of the family; my clothes served only to indicate that I was with, but not of the unit. Furthermore, no one seemed to know just what I was there for, or just what to do with me after I arrived. But during those long hours of drill in the hot Armory, I was in my glory, because the officer in charge divided us into squads according to our heights, and my gray uniform was permitted to blend inconspicuously with the blue ones. At last our flag was dedicated, our trunks and suitcases locked, our days of drill were over and we were to embark for "overseas." We had spent hours in that sweltering Armory practicing the process of embarking, with military precision, on an imaginary boat, and when the great day arrived we were all ready to swing into formation and march up the gangplank like a group of veterans. But how different was the reality! We stood for hours down at the pier at Hoboken. (I remember that I perspired entirely through the back of my only gray silk blouse, which turned it a brilliant henna, but nevertheless I dressed up in said blouse for the ensuing six months). Finally, they admitted us to the boat. Oh, the tragedy of it all! Those hours of rehearsal were forever wasted, because, instead of forming into squads and marching double-file up the gang-plank, we scurried in through a coal-hole down in the bowels of the ship, and I, with my gray suit and black hat, trailed in the rear as pleased as Punch over being allowed to go along, even though no one, myself included, had any definite ideas about just what I was going to do.

Miss Hungate's story as it proceeded showed that once more the "one hundred and oneth" was found mingling inconspicuously with the "hundred."

My chronicle must include a sketch of the welcome we received when we arrived at Brest, in August, 1918. At that time Brest was not considered the most attractive place in France, and I am positive that it was never slandered. We

left the Ship *La France* in "lighters" and soon had parked our suitcases on the pier, used same for convenient seats and settled down in the drizzle awaiting the appearance of Army trucks to carry us up to Pontanezan Barracks, where we were to be quartered. Our numbers were now 303, as units No. 55 and No. 50 were in our convoy. Finally a train of huge trucks put in an appearance and I think that most of us received a real thrill as we bumped along over the cobblestones to our destination. From every house and shop were excited groups of French waving the Tricolor or the Stars and Stripes and shouting a welcome to the American women. We waved our flags and shouted ourselves hoarse in return. By the time we reached Pontanezan Barracks we were all supremely pleased with ourselves and camped on our suitcases in front of Napoleon's old headquarters, indifferent to the drizzle overhead and unconscious of the consternation we were causing within the historic old building. But when three hours had elapsed without any disposition being made of us we began to notice that our "dress up" uniforms were becoming slightly damp and that mess call would not be unwelcome. Finally a second lieutenant stepped out from headquarters and looked us over: three hundred and three women dejectedly sitting on suitcases awaiting their fate. He did not seem pleased with our appearance, for after an audible "My God! Three hundred women!" he turned his back and went inside. It seemed that we were not expected; in fact, previous to this time but one group of women had landed at Brest, the other detachments having gone by way of Southampton and Le Havre. Moreover, at that particular instant one hundred thousand American troops were wallowing in the Brittany mud and under such circumstances, the problem of finding shelter for three hundred women extra was a serious one indeed. But the impossible was accomplished and we were quartered in some partly constructed hospital wards which furnished us with beds and shelter even though they did not provide so necessary a convenience as a water supply for the first twelve hours.

Base Hospital No. 51 was one of the eight hospitals which comprised the Justice Hospital group just outside the city of Toul. . . . Our unit arrived here at three o'clock in the morning of Sept. 11, 1918. The memorable San Mihiel drive began on the 12th and before we had time to get our bearings we were fairly inundated by the stream of patients which poured in almost incessantly for four days and nights. . . . I had no time to draw up a plan, to perfect an organization, or to do anything except the work that crowded me at the

moment. I was given a range in one corner of the main kitchen. At first my only helper was a walking patient, a lad who had been gassed and who was notoriously slow both in thought and in action. Later he was reinforced by two French women who gave very good assistance though they were not cooks nor could they understand English. There was one thing that we did accomplish all through this busy time and that was to always have a boiler of hot cocoa or soup available in the receiving ward. The condition of the patients as they were admitted was most pitiable, all were hungry and had been without hot food for days. The physicians decreed that the hot drink was advisable even for those that went direct to the operating room and for those cases which did not demand immediate surgical attention we supplied bread and jam in addition.

Miss Hungate's report also indicated a rather free interpretation of the prerogatives of a "civilian" employee in the Army:

On October the sixth I was given two very small rooms on the first floor of the main hospital building for a diet kitchen and with my gassed cook and two French women I moved in. This moving was a very simple process, as I was given no utensils to work with, and it was with difficulty that we borrowed (?) a few necessary articles from the already inadequate supply of the main kitchen. . . . To add to the difficulties was the omnipresent lack of water. The French always retained the control of the water supply and the only hours that it could be drawn were from seven to ten in the morning and from three to five in the afternoon. Often the water would be shut off before we had even filled the G. I. cans, which never seemed to hold enough even when full. I added to my meager store of kitchen utensils by making a personal trip to the group supply warehouse and persuading the officer in charge to give me what he had. I had no authority for drawing these precious articles, so did not trust them to our own supply sergeant for delivery (he had too many equally insistent demands for them and would have assuredly divided them among the three other kitchens), so I had them borne to my kitchen on a litter and settled with the Quartermaster later.

Miss Hungate's story of the Thanksgiving dinner of Base Hospital No. 51 is full of human interest:

Thanksgiving day, 1918, will always be a "red-letter" day in my memory. The war was at last over; Thanksgiving had

attained a new significance. Base Hospital 51 planned to celebrate with food, and every delicacy that would add to our dinner was purchased, regardless of cost. The kitchen forces worked overtime, cooks labored all night in order to insure a quarter-section of pumpkin pie to every patient that could eat same with even a semblance of impunity. The wards took on a most festive appearance as the "up patients" decorated them lavishly with greens, ornaments made from Hershey wrappers or other bright materials, and the frames that supported those poor wrecks of crippled bodies were festooned like carnival booths. But on Thanksgiving eve, we girls received a shock that almost brought tears. A hospital train was due in the early morning and three hundred of our patients were to leave for a port of embarkation. It seemed hard to send those lads away without their feast. Some of them had been in the hospital for weeks and had not grumbled even when the fare was both meager and monotonous. The goody box which the nurses had packed in New York had been set aside for Thanksgiving, and, on hasty consultation, we decided to devote its contents in preparing a treat for those patients. Some of the girls made fudge and the Red Cross provided cigarettes and matches, so when those men lined up for evacuation the next morning the nurses were there with cornucopias of goodies and each patient was sent away with the "bon voyage" of his floor nurse ringing in his ears. The hand of fate seemed mysteriously to evacuate those patients on that particular morning, for by the time that dinner was to be served their number was almost replaced by the raggedest, most forlorn bunch of stragglers I have ever seen. They were for the most part British soldiers, filthy, hungry and footsore. Some had spent four years of hard labor in the salt mines of Metz, and when the Germans gave them their freedom they set forth without rations, proper shoes or transportation. Our hospital sheltered over two hundred of these ex-prisoners, gave them baths, clean clothing and beds, and, best of all, was able to share the turkey and goose and pumpkin pie. Had it not been for the timely evacuation of the morning we would have been forced to feed them the "corned willie," the hardtack and coffee of an emergency meal. I have never seen a more cosmopolitan gathering seated around a single board than the one which graced the table after the "chow" had been sent out and the kitchen force sat down to its feast. Beside the student from Colgate, who had enlisted in the hospital corps in order to drive an ambulance, sat an ex-acrobat from Ringling's. The cooks, one handsome Italian, one East Side Jew, a Virginia negro and an Anglo-Saxon who had for-

merly labored in a Kentucky brewery, occupied the seats of honor. The three "Hinies," prisoners of war, whom we all liked and respected in spite of race prejudice; one Russian, a lad whom we had adopted after his daily pilfer of our garbage cans and who never did learn to savvy the strange tongues which surrounded him; and three volatile, chattering French women.

Miss Hungate quoted a stock query from mess sergeants, with her equally stock responses; also a few other amusing notes are included:

"Now, Lady, would you mind explaining to me, just what is a 'dietitian?' You see, you are the first one of your kind I have ever met, and I would really like to know what you do?"

"Certainly. A dietitian is a 'lady mess sergeant.' The female of the species is more deadly than the male—that's why they invited us to come to war."

A mess officer, evidently not speaking under instructions from the chief nurse, said to a dietitian who reported to him for duty: "We have enough 'diet cooks.' Hadn't you rather do nursing on the wards?" But it is to be assumed that here, again, the function, if not the status, of the dietitian was presented convincingly, in view of the fact that the hearty cooperation of the mess officer was soon accorded to this dietitian in her work.

Mrs. Thurman, of Base Hospital No. 41, reported:

Many funny things happened, but one thing stays in my mind most. I was relieving a nurse in one of the wards, taking care of a patient, a dear boy, just eighteen, who was coming out from under ether. He was making a lot of noise, and I said, "Oh, Earl, do be quiet; just remember the boy next to you, whose back is almost blown away, and he is not screaming." He replied, "Yes! but that's him, and this is me." . . .

This from Ruth Shott, of Evacuation Hospital No. 19:

One mess officer insisted on serving tripe to all patients because it was cheap and he had purchased an oversupply.

And this from Miss Palmer:

There was Aimee, our gay, cheery little French helper, who had lost everything in the war. The boys all studied French

in order to talk with her and wrote out little notes from their French books for her. She promised to go back to America with me, but she married the mess sergeant and came home with him instead.

In passing, a brief quotation from Bertha Baldwin, whose report follows, is respectfully referred to whom it may concern:

> Just as I was leaving one hospital, the commanding officer, in obedience to a general order just gone out from Headquarters, asked me to assist with the general mess. The mess officer was a doctor, a specialist in nose and throat, but knew nothing about foods and kitchens. The acting mess sergeant was an ex-butcher, and he it was who made out the menus.

An account of the work of the dietitians who served directly under the Red Cross overseas would constitute an entire chapter in itself. A formal report of the Diet Kitchen Service was submitted to the Red Cross by Bertha Baldwin,[14] Red Cross dietitian; also Miss Baldwin furnished the Bureau at National Headquarters with a more personal account of her sixteen months of service. In the interest of brevity excerpts are made in order from these reports:

> The Diet Kitchen Section was organized in September, 1917, as a part of the Medical and Surgical Division of the Department of Military Affairs, with Miss Ruth Morgan as chief. The personnel, American Red Cross registered dietitians sent from the United States and auxiliary dietitians recruited in France, were attached directly to the section registering with the main Bureau of Personnel. When the Women's Bureau of Hospital Service was established in July, 1918, the Diet Kitchen Section still remained a part of the Medical and Surgical Division.
>
> On August 24th, 1918, in the reorganization of the American Red Cross the Service of Diet Kitchens remained under

[14] Bertha N. Baldwin was born in Cloverdale, Cowley County, Kansas. She was graduated from Milwaukee-Downer College, Milwaukee, Wis., and in 1909 received the B.S. degree at Teachers College, Columbia University, N. Y. City. She also pursued graduate work at Columbia University Feb., 1915 and Feb., 1916. She held the following positions before going overseas: asst. dietitian, N. Y. City Hospital, Blackwell's Island, Sept., 1909 to Jan., 1910; dietitian, Jewish Hospital, Brooklyn, 1910; asst. superintendent, Manhattanville Day Nursery, N. Y. C., August, 1914, to Jan., 1915; instructor in dieteties, School of Home Economics, Battle Creek Sanitarium, 1916 to 1917. Sailed for France February 8, 1918 for service under the American Red Cross.

the Bureau of Hospital Administration of the Medical and Surgical Department, but the dietitians were placed under the Bureau of Nurses.

On January 14, 1919, by order of the director of the Medical and Surgical Department, the Service of Diet Kitchens was placed under the Bureau of Nurses in order to have the work more closely connected with the personnel of dietitians.

On February 1, 1919, the Dietitian and Diet Kitchen Service were a part of the Bureau of Nurses.

The service totaled 20 dietitians, assistant dietitians and auxiliary dietitians.

The demands for dietitians far outnumbered the personnel available. Although most base hospitals had brought over dietitians on the staff, all new hospitals, base, camp and American Red Cross, did not have them. The dietitian's work justified itself sufficiently to create a demand for larger personnel of trained professional workers.

ACTIVITIES

The work of the service started by coöperating with other organizations and individuals for diet kitchens in French hospitals. At the same time plans for the work with the A. E. F. were formed.

. . . . .

The first activity of the diet kitchen section was its coöperation with the *Bien-être du Blessé* in installing diet kitchens in French hospitals. This was suggested as early as August, 1917, and on December 21, 1917, the formal agreement was signed between Madame la Marquise d'Andigne for the *Bien-être du Blessé* and Miss Ruth Morgan for the American Red Cross.

. . . . .

In February, 1918, an American Red Cross dietitian (Miss Baldwin herself) was assigned to the *Bien-être du Blessé* to supervise the American Red Cross interests in the kitchens. She was made chief dietitian of the *Bien-être du Blessé* (dietitian en chef) and organized and supervised the work of all the kitchens on American dietary lines adapted to the French military hospital conditions.

. . . . .

From a general point of view the work was most satisfactory and useful for the very sick and wounded, although it never reached the scientific basis found in the States. The American Red Cross ceased its coöperation in maintaining

these kitchens on February 1, 1919, and considered it a privilege to hand over the equipment and remaining food stuff to the *Service de Santé* for further use.

. . . . . .

Through the service, 15 dietitians or auxiliary dietitians were supplied to the hospitals of the A. E. F. and if the personnel had permitted many more requests would have been filled.

Diet kitchens were installed in several hospitals, and dietitians or auxiliary dietitians assigned for the work. Two dietitians were assigned to organization work of American Red Cross diet kitchens in A. E. F. hospitals.

At St. Nazaire the dietitian [15] advised in the building of a big main kitchen, organized a cafeteria mess for 1000 convalescent patients, organized a complete diet kitchen and serving room which served from 400 to 500 individual diets. She also standardized diets in hospitals and did advisory work for neighboring camp hospitals.

. . . in the hospital at Romorantin and the officers' hospital in Paris, the auxiliary dietitians did splendid work in catering to the very sick men, cooking and serving American delicacies.

Through the Bureau of Hospital Administration the dietitians commenced coöperating in the food and nutritive problems of all hospitals under the American Red Cross. Plans for standardizing rations and menus, for administering the food, departments in the hospitals and for regulating the requisitions and purchases of foods were under way in November at the time of signing of the Armistice. . . .

. . . . . .

In June, 1918, the commissioner received a request from the Army that the American Red Cross purchase equipment for 100 diet kitchens to be donated to the Army on the requisitions approved by the Chief Surgeon's office, Tours. The list for such equipment was immediately made by an American Red Cross dietitian and the equipment ordered.

. . . . . .

One of the American Red Cross representatives attached to the Second Army Corps serving with the B. E. F. asked in September, 1918, if the American Red Cross could train soldier cooks in special cooking for the sick, so that men having slight cases of grippe, dysentery, etc., could have the proper foods in their regiments and thus avoid being sent back to the base hospital. Plans were worked out between the

[15] Laura J. Hawley.

chief surgeon of the Second Army Corps and the chief of the Diet Kitchen Service, and an American Red Cross dietitian arranged a two weeks' course.

. . . . .

GENERAL WORK AT G. H. Q.—A. R. C.

To this service was referred the many questions and demands of a dietetic nature that came in to General Headquarters. A dietitian was practically always attached to the office or available through the courtesy of the chief of the Bureau of Hospital Administration. The requirements of food per month of the American Red Cross hospitals and of nurses' homes were estimated, the menus of various hospitals looked up and sent out on request.

. . . . .

In spite of limited personnel and difficulties of obtaining food and equipment, the dietitian and Diet Kitchen Service thoroughly justified itself and was of inestimable value to the Army. The appreciation of the French Government encourages the Service to hope that the work thus started will be of lasting value.

. . . . .

Some idea of the operation by the American Red Cross of diet kitchens in Army hospitals may be gleaned from the following excerpts from General Instruction, 507, issued by the approval of C. C. Burlingame, Director, Medical and Surgical Department, and included in Miss Baldwin's official report:

In certain instances the American Red Cross furnishes equipment for the diet kitchens in the American Army hospitals, and in addition may furnish special diet materials for their operation; and may also assign personnel. When operated by the American Red Cross in Army hospitals diet kitchens shall be under the Bureau of Nurses, Medical and Surgical Department.

Equipment for diet kitchens should be issued only upon the request of the commanding officer with the further approval of the Chief Surgeon of the Army, or the chief surgeon of the section in which the hospital is located.

The personnel for operating these diet kitchens consists either of dietitians, nurses or nurses' aides, with dietary experience. All personnel for this purpose will be supplied through the Bureau of Nurses. The personnel so assigned to the commanding officer will necessarily conform to all regu-

lations concerning conduct and hours of duty of nurses, as laid down by the commanding officer and chief nurse of that hospital.

The American Red Cross in placing these special diet kitchens in Army hospitals is not attempting to operate within the hospitals independently of the commanding officer. It must, therefore, be remembered that the American Red Cross is operating the diet kitchens as a part of the hospital, entirely under the established hospital administration.

The purpose of establishing these diet kitchens functioning exclusively under the Medical and Surgical Department is to provide special foods for the sick. They should not be diverted from this purpose and become canteens. The diet kitchen becomes an official part of the hospital and in serving food to the sick must be closely supervised by the officials of the hospitals.

In her personal account Miss Baldwin says:

The fall of 1917, when the American Red Cross began preparing for the year's work, plans were made for special foods for the future sick and wounded, and through the *Bien-être du Blessé*—a Franco-American society—diet kitchens were subsidized for French hospitals. The needs of the American hospitals when our Army would be needing their services were arranged for. In December, 1917, trained registered dietitians were cabled for.

. . . I was the first to be sent over for American Red Cross work, arriving February 19, 1918.

I was loaned to the *Bien-être du Blessé* to look after the American Red Cross interests, under Miss Ruth Morgan, chief of the diet kitchen section, under Dr. Burlingame. The *Bien-être du Blessé* made me chief dietitian to install and organize and supervise all their diet kitchens, to standardize the equipment, the diets, the menus and the recipes. . . . I was transferred temporarily to American service—American Red Cross Hospital No. 101. The men who had volunteered for the trench fever experiment had just been sent out, about 70 in number, and I assisted in the food part of the work.

. . . The greater part of June and July, I was at American Red Cross Military Hospital No. 3 (Officers), Paris. I went over to install and organize a diet kitchen, but took charge of the main kitchen with soldier cooks when the French chef and his assistants left, and later was asked by the C. O. to assist the mess officer for the general mess in the main kitchen. Although the hospital was not a large one, it was overcrowded

for the cooking facilities. I was acting chef for a couple of weeks until permanent arrangements could be made.

. . . . .

In September, Dr. Burlingame, chief of the Bureau of Hospital Administration of the Medical and Surgical Department, asked for my assignment as dietitian for the bureau to aid in the food situation in all American Red Cross hospitals. I continued the work I had begun on rations and menus. As this work was entirely organized, it was stopped by the Armistice.

. . . . .

Since all work in the military line was practically finished, in February I was assigned to the Social Center of the children's work in the 19th *Arrondissement*. The food clinic for the three dispensaries was held there, with food consultations for mothers, and a feeding class for undernourished children, and conferences with mothers and teachers were to be developed. The middle of April the organization of the work was entirely changed and my work finished. At this time a Frenchman, executive secretary of a large society interested in nutrition and hygiene, asked for my services to give lectures at the Academy of Medicine on the work of the dietitians at home. The American Red Cross did not feel that this could be arranged, as the bureaus were closing so soon.

Miss Baldwin's concluding paragraph is of interest as it expressed the opinion of a woman of broad general training as well as special training in her profession:

Dietitians were needed very badly in every American Red Cross department and bureau which had to do with food, as well as in the hospitals. Food was too scarce to waste, and those untrained in food lines cannot appreciate the value and possibilities of foods. If there could have been a Food Bureau which handled and supervised food stuffs for all departments —buying, standardizing of recipes, menus, rations, etc., with people trained scientifically and practically, it would have been quite worth while. In the hospitals dietitians are indispensable, because neither soldier cooks nor French chefs (no matter how good their cooking) can appreciate what sick men need or want. Even in the staff mess for doctors, nurses and men, the dietitian has proved herself invaluable. There were continuous demands from the Army for dietitians. If the American Red Cross could have developed the Dietitian Service, a most vital part of war work would have been reached.

Personally I have enjoyed immensely my service in France. All my work has been professional, which only a dietitian could have done. Because of that I felt as if I were really of use.

Sprightly echoes of Miss Baldwin's report may be traced in the following extracts from a letter written by Laura J. Hawley [16] to Miss George, under date of September 9, 1918, Paris:

I told you of the joyful welcome I received at Red Cross headquarters when I arrived—because I was to work with the French—and how in the twinkling of an eye they mysteriously changed their attitude and asked me to go into a base hospital.

I was very much disappointed. For that reason, I investigated the situation as thoroughly as I could. I spent some time with Miss Baldwin and found out just what she had done.

. . . to go back a long way—the original cable for six dietitians came about in this way: Mme. d'Andigne found her work growing rapidly and was unable to get suitable assistants. She therefore came to an agreement with the Red Cross by which they supplied the dietitians and a certain amount of equipment, I believe—and she supplied the food—for the diet kitchens and paid the dietitians. Shortly afterward she decided to use volunteers and a second cable was sent asking for volunteers.

There was more or less friction and a good deal of feeling on the part of the Red Cross that Mme. d'Andigne's work was too slow in being organized. Miss Baldwin in the meantime fitted in very happily, pleasing both factions, though Miss Morgan felt things went pretty slowly—through no fault of Miss B.'s of course.

Then I appeared. Miss Morgan and Mme. d'Andigne got together. (Both of these women are exceedingly erratic and altogether *charming*.) The outcome of the interview was that for the time the Red Cross decided to open no more kitchens under the *Bien-être du Blessé*. Mme. d'A. offered to pay me a salary and put me at once at the front in a diet kitchen if I would leave the Red Cross, rather if I could leave. She was not asking me to leave. She told me she was anxious to have graduate dietitians and could pay them herself.

[16] Laura Jay Hawley was born in Salt Lake City. She studied at Rockford (Illinois) College and at Stout Institute, Menomonie, Wis. She acted as dietitian for the Girton School at Winnetka, Ill. and also for the Congregational Training School, Chicago. Her military order states, "You will sail April 10, 1918, for service in French military hospitals."

Through her wide social acquaintance she has the entrée into many French hospitals where the American Red Cross cannot go at all—that is why the American Red Cross has co-operated with her.

All this sounds very mixed up and *is* mixed up—but so is the whole situation.

I was sent to St. Nazaire, where the Army has a regular Army hospital—not a Red Cross one. The C. O. had asked frantically for a Red Cross dietitian—and I was loaned. Dr. Burlingame said I could make the job as big as I wanted to, for the proposition was probably the worst in France. All I can say is that *I hope* it was the worst.

Quite unofficially I'll tell you the sewer was backed up 4 inches in the basement kitchen, where the cooking was done in garbage cans. The food was frightfully prepared. The officers' trays were impossible.

Everything is wretchedly slow over here—but this is what I have done. I am afraid you will not think it is very much.

1. Built new kitchen for enlisted men's mess (convalescent), introducing cafeteria system of service.
2. Had new diet slips printed.
3. Built and equipped diet kitchen and serving rooms.
4. Standardized liquid and soft diets.
5. Invented system for serving soft diets directly from diet kitchen to patients in outlying shacks. (Official report has been made on this to A. E. F. Headquarters as suggestive to other hospitals.)

In the meantime I have run the original diet kitchen.

I have gone all around France, more or less, seeking sundry *necessaries*—breaking all the rules in the army, but getting away with it.

This week I am in Paris seeking a lot of new equipment for our main kitchen. The mess sergeant has been up and found nothing—so I am particularly delighted to have located the impossible myself.

A British dietitian and a volunteer worker have been offered to me as understudies but I would rather wait a little longer and have an honest to goodness dietitian.

This is a stupid letter, sticking to facts. Some day I'll try to write you an interesting one. My address is care American Red Cross, Paris.

I don't know of any two dietitians over here doing the same thing. But each problem is unique.

I have been very thankful to have no *rank*. I do not like having our uniforms like the nurses' aides—absolutely unprofessional women.

Space permits of no more than a passing notice of the work done by the dietitians in the Red Cross huts. Miss Hazen's [17] report quoted below contained three interesting touches: A tribute to the splendid work of the many practically untrained "hut" workers; an evidently innocent contrasting of the attitudes of mind of two commanding officers, and an entirely naïve statement that the real interest of a dietitian is the feeding of the sick:

> My work in France was rather unique because, while I had had more theoretical diet work, having taught the three years, and as much practical work as many of the girls, I did less actual diet work than most of the dietitians.
>
> The few weeks I spent at American Red Cross No. 5 at Auteuil, Paris, was as dietitian. When the hospital was closed there I was sent to Vichy to take charge of the kitchen of the Red Cross recreation hut. . . .
>
> The girls in charge were doing splendid work, but they were not accustomed to working with the huge quantities of material necessarily handled, which were almost beyond them, and they welcomed my arrival. At that time we were serving cocoa in the afternoon between one-thirty and three; the time had to be limited because there were such swarms of boys that the line often reached clear through the hall and down the street for a block.
>
> Not only did we serve the cocoa in the hut, but at the suggestion of Colonel Webb, the commanding officer of the center, cocoa and sandwiches were served to every boy after he came from his bath. This was done because so many of them seemed weak and hungry following the bath.
>
> At that time we were serving from 90 to 120 gallons of cocoa a day and from 1200 to 1800 enormous sandwiches. I did none of the serving but simply had charge of the kitchen.
>
> . . . . . .
>
> After Christmas as the work grew easier, we started the making of special delicacies to send into the hospitals. In working in the hospital I had found the boys craving the little special things such as they had had at home. With the consent of the colonel a system was worked out whereby we could dis-

[17] Gertrude Hazen was born in Chetopa, Kansas. She studied at Baker University, Baldwin, Kansas, and at the Carnegie Institute of Technology at Pittsburgh. Later she received the degree of Master of Arts at the University of Kansas. She was an instructor in home economics in the Abilene, Kansas, High School, also in the Howard Payne Junior College at Fayette, Missouri.

cover the things the boy was craving so much and get that thing to him. I did a great deal of that work myself, because I liked to keep in touch with the hospital life, but I went into the hospital only after the day's work was over because I did not have a minute of spare time during the day.

. . . The doctor and the nurses were loud in the praises of our work, because most of the cases were building cases and food was the main thing. We found it was necessary to appeal to the boy's whims to get him started eating, but once started he would eat not only the things we sent up but also his regular mess.

When I was sent to Savenay in March there was no food served in any of the huts outside of the candies and Red Cross cookies. I started right in, trying to find what was needed and the most economical way of getting it done. Within ten days after my arrival we were serving cocoa in each of nine huts. I secured the coöperation of the Army mess sergeants there, so that they made the cocoa for us in the Army mess kitchens while we furnished the materials.

. . . . . .

We sent some food into the hospitals there but the request of Colonel Cooper was obeyed, for he felt that it would result in a dissatisfaction with the army food. However the doctor told me that I pulled two boys through who never would have lived had it not been for that catering to their appetites.

. . . I thought perhaps you would enjoy knowing just what one dietitian in France did when she was sent out of the beaten path. You see I was accustomed to the college women as we had them in the huts, and I knew nurses. I had had a thorough grounding in the scientific principles of nutrition and food preparation, and I declare I used everything I knew.

It is rather a far cry from the gallons of cocoa and the hundreds of sandwiches mentioned in Miss Hazen's report to the more or less domestic atmosphere of Miss Douglas'[18] work as director of the personnel houses of the South Serbian unit in Saloniki. It must be mentioned, however, that Miss Douglas enjoyed a brief sway in a military hospital. She wrote Miss George under date of June 6, 1919:

[18] E. Constance Douglas was born in Bradley, California. She graduated from the University of California in 1915 and later did post-graduate work at Columbia University, N. Y. City. She taught domestic science in Shasta, Cal., High School for a year and from May to October, 1918, was dietitian in Garfield Hospital, Washington, D. C. She entered Red Cross service in October, 1919. It is interesting to note that the director of the Red Cross unit with which she served in Saloniki speaks of her as being "intelligent" and as having a good "disposition."

I believe I wrote you from Paris—or rather from American Red Cross Hospital No. 101 in Neuilly, about the first of January. I was a patient there for over two weeks, and as soon as I recovered was asked to take the place of dietitian. That meant transferring to the French Commission which at first disappointed me, but seemed the thing to do, and turned out very happily. The work was no joke as I had to be housekeeper also, the previous one having succumbed to the flu, but I enjoyed it all, from marketing days twice a week to training the French maid to prepare special diets, keeping my accounts, and visiting the employment bureaus. . . .

Miss Delano was at the hospital about a week while I was first there, and seemed so well and fit when she left that it seemed incredible to hear of her death. . . .

I came down to Saloniki in March via Rome, Tarento, Itea and Bralo, the last three towns designating the British route of transportation into the Balkans. The British certainly provided for us most carefully all along their line and it was quite fun staying in their camps and meeting the "Sister." Also they represent sanitation and cleanliness which is more than I can say for the native inhabitants. I think it would amuse our people at home to see the members of our group starting up country with canteens of boiled water, large pieces of unbleached muslin to cover the railway chairs, and other precautions against sickness and "cooties."

Here at Saloniki I have charge of the housing and feeding of the South Serbian unit personnel and such of the general staff as are still stationed here. We expected to do relief work with the refugees here in which case I planned to establish food clinics in connection with the medical clinics, but none of it has materialized to date. We have three two-story houses and a flat, in the better part of the town and right down near the water front.

The greater part of our supplies come from our own warehouses, but I also purchase through the British canteen, the French bazaar and get some few things from the Italian warehouse. I have a perfectly good little Ford three afternoons a week, one time of which I go out to the American Farm for fresh milk, cream and butter, and usually stay to tea with Doctor and Mrs. House. . . .

There are practically no hospital diets to prepare here as our personnel are very seldom sick and only occasionally are patients brought down from the country, although a few days ago I had both a typhus and a typhoid recuperation case come in together. I find myself doctor and nurse both for our own few cases, and in fact my line of activity is quite varied.

> I am sure I shall graduate with a Ph.D. in something when I get through here.
>
> . . . The chief maladies we have to guard against are malaria, dysentery, typhus and typhoid, and cholera possibly. I keep our drinking water boiled and all food from the open market carefully washed and well cooked. I have both Greek and Serbian help besides some Bulgarian prisoners, so conversation is carried on by "signs and wonders."
>
> . . . . . .
>
> This may not be technically dietetic work but it is interesting and worth while. Anyway, almost no one over here is doing what he planned when he started.

For two of the dietitians who served overseas there was to be no home coming. Cara Mea Keech, of Santa Ana, California, a graduate of Milwaukee-Downer College, and serving with Base Hospital No. 68, died October 18, 1918, and was buried in England. Marian Helen Peck, of Green Spring, Ohio, a graduate of the Boston School of Domestic Science, died February 17, 1919, at Base Hospital No. 44 and was buried at Suresnes, France.

A report of some homely "peacetime" work came from the Red Cross Commission for Albania in 1920, in a letter from the chief nurse, Miss Caroline Robinson, to Miss Hay. It read in part as follows:

> In Koritza, Miss Palmer is taking charge of the house. As she has a good cook it does not require much of her time so she and Miss Brown have a children's clinic in the morning and give instruction in practical work in the afternoon, Miss Brown visiting the homes.
>
> Miss Oades is holding sewing classes, which make clothing for the children. She is also supervising the orphanage and has a small school for children who do not attend the public schools. I hope they will be able to clothe these children and turn them over to the public schools as there are at least 13 schools in Koritza.

Early in the year 1919 the question of the duties and status of dietitians in military hospitals again received attention. On March 8, Circular Letter No. 131 was issued by the office of the Surgeon General to Commanding Officer, General, Base and Port of Embarkation Hospitals, Department Surgeons and Camp Surgeons, Certain Post Hospitals, Surgeons, Independent Posts, Air Service:

1. A consideration of the duties and status of dietitians in a number of military hospitals indicates the necessity for a general statement defining rather exactly the dietitian's place and duties. It is realized that any such general statement will be subject to modification when applied to individual hospitals.

2. *RELATION OF DIETITIAN TO HOSPITAL STAFF.*

The dietitian is responsible as far as her professional work is concerned to the commanding officer of the hospital. As assistant to the mess officer, she coöperates with him and the chief nurse. The chief nurse of the hospital will send in a separate efficiency report of dietitians, monthly, basing this report not only on her own observations, but on those of the mess officer as well. Socially, the status of the dietitian should be that of nurses, and in matters of conduct she is under the authority of the chief nurse.

3. *STATUS.*

The dietitian is a civil employee of the Medical Department, but to place a competent dietitian on the same basis with cooks and maids is an injustice to her and a disadvantage to the hospital in which she is working. Dietitians designated as head dietitians receive an additional $5.00 per month. Dietitians performing the duties of head dietitians but not so designated should be recommended for such appointment.

4. *DUTIES.*

(a) Of the head dietitian.

Reports to the chief nurse, or ward surgeon, deficiencies of service found in wards in order that these may be corrected through proper channels. Reports deficiencies of preparation and service found in the mess hall and kitchens, to the mess officer. Inspects serving of food in all the wards and has the responsibility of seeing that it is properly prepared. Supervises and assigns the work of her assistants. Is responsible for the planning of all patients' menus but confers with mess officer concerning market conditions before approving menus.

(b) Of the dietitian.

Have immediate supervision of the preparation of food in the general patients' mess, sick officers' mess and nurses' mess (if desired by commanding officer). They also have charge of the filling of the food carts. Have immediate supervision of general diet kitchen. Plan menus (these to be approved, however, before use by the head dietitian). Have direct re-

sponsibility for the preparation of diets and should be supplied with sufficient help to relieve them of the details of this preparation. Visit wards to confer with ward surgeons, nurses and in suitable cases with patients regarding special diets.

5. *EQUIPMENT.*

The head dietitian should have an office provided with a desk, the office to be located in a quiet place near the mess department or diet kitchen.

6. The value of the dietitian to the hospital is largely determined by the degree to which coöperative relations are established. Conferences at regular intervals, in which the commanding officer meets with the head dietitian, chief nurse and mess officer, are recommended.

By direction of the Surgeon General:

C. R. DARNALL,
Colonel Medical Corps, U. S. A.
Executive Officer.

In June, 1919, the United States Public Health Service issued Bureau Circular Letter No. 173 to the "Medical Officer in Charge, United States Marine and Public Health Service Hospitals," in regard to dietitians' service. The instructions and specifications contained in this circular are practically identical with those issued by the office of the Surgeon General, but a few rather interesting variations are noted under their special headings (the italics are the author's):

Relation of Dietitian to Hospital Staff.

. . . She is expected to work in coördination with such other officials including the chief nurse as may be designated by the officer in charge. The efficiency of the dietitian's services will be determined from reports of *ward surgeons* who are directly responsible for the prescribing of diets. The chief nurse will also render a monthly statement of the efficiency of the service of foods. The dietitian has social status equal to that of the *chief nurse,* but subject at all times to such regulations and restrictions as may be in force governing all nurses in the service of the hospital.

2. *Status.*

The dietitian is a civil *scientific* employee of the bureau, and *is not to be placed on the same basis with cooks and maids.* To do so is an injustice to her and a disadvantage to the hospital. . . .

While perhaps few persons could have been found sordid enough to have desired the prolongation of the war, the fact remains that the sudden termination of actual hostilities came as a distinct shock to numbers of persons engaged in absorbing war activities, and cherishing equally absorbing plans for future accomplishment. The vicissitudes of the dietitians offer a case in point. Since the earlier months of the war, Miss Thompson had felt the need for a supervising dietitian to care for the business of the service in the office of the Surgeon General. No funds being available for the salary, she at last hit upon the plan of placing such a person upon the pay-roll as a clerk in the Army Nurse Corps. Miss Cooper, who had volunteered for the service, was appointed by Miss Thompson, but only in time to take the oath of office on the day of the signing of the Armistice, a little late to bring much in the way of aid and encouragement to the dietitians in the overseas service.

The method of the appointment was a makeshift, but it indicated a willingness on the part of Miss Thompson to see the affairs of the Dietitian Service directed by a person of that profession. The duties assigned to Miss Cooper included the general supervision of the work of all dietitians, responsibility for the recruiting, assignment, transfer and discipline. In the course of her work Miss Cooper inspected the dietary departments of thirty Army hospitals. The portion of Miss Cooper's report which was published in the Report of the Surgeon General, U. S. Army, to the Secretary of War, 1919, Vol. II, Page 1127 is given below:

> The Dietitian Service although a comparatively new branch of the Medical Department has grown considerably in size and importance since the beginning of the war, at which time there were no dietitians attached to army hospitals. At the close of the fiscal year, June 30, 1918, there were 164 dietitians in the service. At the time of the signing of the Armistice, November 11, 1918, there were 356 dietitians. Of this number 84 served overseas; the remaining 272 were distributed among 97 base, general and post hospitals of the United States. Since the signing of the Armistice the numbers have been gradually decreased, 194 having been discharged or are under orders to proceed to their homes for discharge from the service. There are still 28 overseas or en route to this country. There are 143 still in this country and Hawaii, distributed among 52 hospitals. Nine (9) new appointments have been made to fill vacancies.

> Early in November, 1918, a supervising dietitian was appointed and assigned to duty in the Surgeon General's office.
>
> The increasing demand on the part of hospitals for additional dietitians and complimentary verbal reports from commanding officers are evidences of the popularity of this branch of the service. Some of the larger hospitals have had as many as ten dietitians. During the epidemic of influenza the dietitians proved themselves of inestimable value in organizing forces for the feeding of the sick and well. Three dietitians lost their lives during the epidemic and several others were seriously ill from it. It seems unfortunate that these professional women, who worked side by side with nurses, doctors and enlisted men, should not have the privilege of War Risk Insurance.
>
> The value of food and nutrition for both sick and well has come to be recognized as such an important factor in army life that it is believed that the dietitians have come to be a permanent factor in all well regulated Army hospitals as well as civilian hospitals.

Unfortunately for the development of the office, Miss Cooper's leave of absence from her work in the Battle Creek School of Home Economics could not be extended and she relinquished her position in the Surgeon General's office in July, 1919. To succeed Miss Cooper it was not easy to find a dietitian possessed of the degree of training, discrimination and executive ability which the situation demanded, and who would be willing to accept the position, or who could be spared from whatever position she might be filling. However, previous to her departure, Miss Cooper had written to Josephine Happer, a graduate of the University of Illinois, who was then dietitian at Jefferson Barracks, asking her to undertake the work. This Miss Happer consented to do, but was transferred to Walter Reed Hospital, presumably for the reason that the budgets of all the departments were being reduced to such an extent that the Army Nurse Corps no longer had sufficient funds to allow for the salary of a supervising dietitian. She remained on the pay-roll at Walter Reed Hospital but was sent to the Surgeon General's office on temporary duty. From this time on the office became an empty title. In reporting her experience Miss Happer wrote:

> My duties while at the Surgeon General's office were chiefly the transferring of dietitians from one hospital to another,

> keeping records, answering letters from dietitians, in fact all letters concerning dietitians. During the time I worked in the Surgeon General's office I worked at Walter Reed for two weeks when a number of the dietitians were sick. Most of the work was done under the supervision of Major Stimson, or of some of her assistants.

With the passing out of the rule permitting field employees to occupy a bureau or office position, Miss Happer was transferred to Camp Dix in the early part of February, 1920, and Major Stimson took over the work of the office. The following letter from Major Stimson to Miss Cooper, under date of February 10, 1920, is self-explanatory as to subject matter, but in passing it might be said that possibly any dietitian with sufficient training and experience to make her acceptable to the profession would have hesitated to accept as predetermined a position as the one here suggested. Major Stimson wrote:

> It is not at all my desire to take over the Dietitian Service, but for the time being it is necessary for me to do so. I have been searching diligently for some accredited, graduate dietitian who is also a graduate nurse, into whose hands I can put the Dietitian Service. Such a person could be appointed into the Army Nurse Corps, and there would be no difficulty about the payment of her salary.

Such in brief is the story of the supervising dietitian under the Army Nurse Corps. To say that it was here an empty name is not to criticize the Nurse Corps as such. A similar maladjustment would have persisted had the dietitians been placed under any alien service. The problem of suitable food for the army extended beyond the hospital and the dietitians should have been included in and answerable to the general Food and Nutrition Division of the military organization.

Definite recognition of the work of the dietitians came to them in various ways. The bestowing of decorations by the British Government upon five of those who served with the British Expeditionary Forces has already been mentioned. That the American Expeditionary Forces had approval, if not "decorations," to offer was related by Miss Hungate in the concluding paragraph of her report:

> In July, 1919, I found myself one of all the remaining dietitians of the A. E. F., on board the *Imperator* and bound

> for home. Of course we exchanged experiences and found no two had faced parallel conditions. We had all gotten so far from our training, from our ideal of a dietitian and her work, that most of us were inclined to be disappointed in our results. A brigadier general who was a fellow passenger did much to hearten us and reëstablish our morale. He wanted to personally meet and thank some dietitians for their good work. He said that his only experience in an Army hospital, some years before the war, had branded them in his consciousness as places of badly selected food, poorly prepared, and utterly unfit for the sick. To his surprise, when he became a patient in an A. E. F. hospital he was served trays of palatable, well chosen food, and upon inquiry, learned that a college trained dietitian was responsible. He was so enthusiastic over our work that he thought it should not be confined to hospitals alone, but should be extended to the feeding of the entire Army, where cooks and mess sergeants could be given training and supervision in the preparation of food and the balancing of menus.

And Major Hoskins, who visited nearly every camp and cantonment hospital in this country, had this to say:

> When the dietitians first came into the Army, they encountered many difficulties incident to the introduction of women into what had previously been in the military experience a strictly masculine pursuit. I have much admiration for the skill with which they met these tactical difficulties, and the valuable service they rendered to the army.

More to be appreciated than any of the foregoing was the approval voiced by Surgeon General Ireland when he stated [19] that the dietitians had proved themselves of such value to the Army that the organization of an Army general hospital staff which did not include them could scarcely be contemplated any more than one which did not include nurses.

The home work of the Nursing Service and with it the Dietitian Service paralleled the work abroad throughout the war period. In March, 1918, the Bureau of Instruction was divided into a Bureau of Instruction and Nurses' Aides and a

[19] Testimonial offered by the Surgeon General at a special meeting of the National Committee on Red Cross Nursing Service called at Red Cross Headquarters, January 6, 1922, to consider a proposal to eliminate the Nutrition Service of the Red Cross.

Bureau of Dietitian Service. Miss George assumed responsibility for the latter under the guidance of the Committee on Dietitian Service.

At this time the United States faced the possibility of several years of war. The course in Home Dietetics was supplemented in June, 1918, by the publication of a manual on "Emergency Cooking for Large Groups of People," a pamphlet intended "as a guide for instruction in cooking for large groups of people in emergencies, such as fires, floods, the movement of troops, etc., which Red Cross Chapters are frequently called upon to meet." Several months later material for a course in "War Diet in the Home" was issued. Instruction in Home Dietetics, as in Home Hygiene and Care of the Sick, was first carried on entirely by National Headquarters dealing directly with the local organizations giving the courses. But following the decentralization in March, 1918, Division Directors of Nursing were made responsible for all details pertaining to these classes. The plan was, however, to appoint special directors of this service under the nursing service in each Division, and during the year following directors were appointed in the Atlantic Division and in the Central Division. The appointment of instructors continued to be made from National Headquarters.

As has been shown earlier in this chapter, the original course in Home Dietetics was planned to "give in a simple way the underlying principles of cookery," but this was soon found to be inadequate to the needs of the time. The limitations and restrictions of the food supply were putting upon the people the task of making substitutions for this or that food material which chanced to be at the time either unobtainable or needed for the fighting forces. The hardships consequent to the use of unaccustomed foods was found to be more than a question of foregoing one's preferences. As a matter of fact, certain "substitutes," so called, were in many cases not substitutes, no matter in what form they were served. It became evident that a knowledge of what foods to select in order to supply the varied nutritional needs of the body was, broadly speaking, of more importance than the ability to prepare food well. The home economics workers of the country had been modifying their teaching to make it consistent with results of observations being made in the nutrition laboratories of the country, and the need for a revision of the Red Cross course in Home Die-

tetics became apparent. Accordingly, in the spring of 1918, Mabel Wellman, Head of the Department of Home Economics of the University of Indiana, was asked by the bureau to prepare a course which should be based upon the principles underlying the selection of adequate food and emphasize the importance of these as compared with mere skill in food preparation.

While Miss Wellman prepared the bulk of the course, Dr. Dorothy Reed Mendenhall, of the University of Wisconsin, furnished the material for the lessons on infant feeding and food for the child, and Caroline Hunt, of the U. S. Department of Agriculture, States Relations Service, wrote the chapter on "Calculation of the Dietary." As rapidly as this material could be gotten in shape it was sent out to the classes by the bureau in typewritten form pending the time when the lessons could be unified and printed as a textbook.

Unfortunately for the class work in Home Dietetics the work of preparing the new course of lessons was retarded through pressure of other obligations which seemed of more importance at the time. In January, 1919, Miss George wrote Miss Delano, who was then in Paris:

> We have gone very slowly with the Home Dietetics plans. . . . So many of our very good committees on dietitians are elusive these days; they all seem to have an enormous lot to do under any number of different organizations.

The workers in the field were not slow in seeing that a new impetus had been given to the whole subject of food and nutrition and that the Red Cross was faced by an added responsibility concerning it. In a letter to Miss George, Miss Sells, director of Dietitian Service of the Atlantic Division, said:

> Home Dietetics has no popularity because the available instructors have tried to teach according to the textbook.

A little later Mrs. Mehlig, director of the service for the Central Division, wrote:

> In one case the texture of the custard interested the teacher more than its use in the diet, its digestibility or its composition. There has been so much criticism of our text that I feel the need for holding our instructors up to a very high standard.

She added:

> Miss Marlett, of Wisconsin, writes me that the Red Cross course will have to be sufficiently worth while, before the Extension teachers will be warranted in teaching it.

In August, Lettie G. Welch, director of the Nursing Service of the Mountain Division, wrote to National Headquarters:

> It is very gratifying to know that a complete change of plan for Home Dietetics instruction has been made. I trust that the revised plan proves more feasible than the previous one. . . .
>
> It is my desire to assist in this activity to the fullest extent possible.

The widening scope of the Dietitian Service was suggested by Miss George, in a letter to Miss Noyes, requesting authorization to represent the Red Cross at the meeting of the American Home Economics Association to be held in Blue Ridge, North Carolina, in June, 1919:

> It is desirable to present to the American Home Economics Association the revised Red Cross course in Home Dietetics. Several members of the Committee on Dietitians will be present, and will present the matter and lead in discussions that may arise. A rough draft of the outlines is being prepared by the Department of Agriculture in coöperation with the Red Cross which will be ready by June 26th.
>
> Another object in having a Red Cross representative at the meeting is to arrange for coöperation with the Home Demonstration agents through the States Relations representatives who will be present, in organizing Red Cross classes.
>
> It will also be pertinent to the establishment of this educational work in the South to confer with the large representation of household economics people from the Southern states who will be present.

In granting the authorization requested Miss Noyes said:

> I shall be very glad, indeed, to have you attend the convention which meets at Blue Ridge, N. C., and feel sure that it will be greatly to the advantage of the Dietitian Service of the Red Cross.

On July 15, 1919, Miss George resigned her position as director of the Bureau of Dietitian Service; Margaret

Sawyer, a graduate of the University of Illinois, succeeded her at National Headquarters.

The year following her graduation Miss Sawyer studied at Cornell Medical School and Russell Sage Institute of Pathology in New York City. Following this she was made instructor of applied nutrition in the State University of Iowa, where she remained for three years. Because of the service she was able to render when the medical staff of the University was depleted by war time demands, Miss Sawyer was not called into active war service until it was decided to make some test observations upon the diet of aviators. In October, 1918, she was ordered to report for duty at Ellington Field, Houston, Texas, but she was shortly transferred to Rockwell Field, San Diego, California. Later she was assigned to Walter Reed Hospital on detached duty, remaining there until July, 1919, when she was made director of the Bureau of Dietitian Service.

Because of Miss Sawyer's special training and interest in the subject of applied nutrition the date which saw her assumption of the position would seem to constitute a natural dividing point between the work which the bureau found at hand during the war and which Miss George had so faithfully directed, and the new field which was opening up before it.

With the prospect of being able to place a director of the service in each of the Divisions, the need for the very large Committee on Dietitian Service was no longer apparent. At a meeting held in Cincinnati on September 11, 1919, the Committee on Red Cross Dietitian Service made the following recommendations to the National Committee on Red Cross Nursing Service:

> I. That the present committee of nineteen members be reduced to five members.
>
> II. That the national director of the Bureau of Dietitian Service act as the secretary of the National Committee on Red Cross Dietitian Service.
>
> III. That a director of the Bureau of Dietitian Service be placed in each of the Division offices.
>
> IV. That the members of the committee be Dr. Ruth Wheeler, head of Department of Home Economics, Goucher College, Baltimore, Md.; Miss Edna N. White, head of Department of Home Economics, Ohio State University, Columbus, Ohio; Miss Lena F. Cooper, director, School of Home Economics, Battle Creek Sanitarium, Battle Creek, Michigan; Miss Elva A. George, former director of the Red Cross

Bureau of Dietitian Service, and Miss Margaret Sawyer, present director, Bureau of Dietitian Service.

By unanimous vote, Dr. Wheeler was elected chairman of the National Committee on Red Cross Dietitian Service.

At a meeting of the National Committee on Red Cross Nursing Service at Washington, D. C., December 9, 1919, these recommendations were approved.

At this same meeting the chairman announced that the textbook on dietetics would be discontinued and a new course, of a lesson plan type, which was then under preparation, would be used.

Also, it was moved by Miss Palmer that the director of the Department of Nursing further investigate the privileges to which nurses were entitled in the War Risk Insurance and report back to the Advisory Committee.

Mrs. Higbee moved to amend by inserting "and dietitians" after nurses. The motion as amended was carried.

The secretary of the Committee on Dietitian Service expressed a wish that the name of the bureau be changed. It was decided that this be referred back to the director of the Department of Nursing and the secretary of the Committee on Dietitian Service for adjustment. (The change of name to Bureau of Nutrition Service was noted in the Annual Report, June 30, 1920.)

Although the impetus which the war had given this bureau had been very considerable, each month of the transitional period of 1919-1920 marked a further demand for development in the field of nutrition. At a later meeting of the National Committee on Red Cross Nursing Service held April 14, 1920, in Atlanta, Georgia, a very interesting and extensive program was recommended by the Committee on Dietitians and was in part as follows:

> The qualifications for enrollment in the Dietitian Service of the American Red Cross shall be graduation from an accredited school of home economics. . . .
>
> All courses shall be given by enrolled Red Cross dietitian instructors.
>
> State Committees on Red Cross Dietitian Service shall be formed in each state. . . .
>
> The organization of the National and State Committees on Red Cross Dietitian Service shall be worked out by the

director, Department of Nursing and the director, Bureau of Dietitian Service, and shall include the following points:

A. The National Committee on Red Cross Dietitian Service,

1. The National Committee on Red Cross Dietitian Service shall be composed of five members, three of whom shall be nominated by the American Home Economics Association and two by the American Dietetic Association.

2. The members of the National Committee on Red Cross Dietitian Service shall be members of the National Committee on Red Cross Nursing Service.

3. All members shall be enrolled Red Cross dietitians.

4. A quorum of this committee shall consist of three members.

The method of appointment of members of the State Committee on Red Cross Dietitian Service, their qualifications and the functions of these committees were also outlined.

It was also recommended that the program of the Dietitian Service showing activities already undertaken and the suggested extension be worked out by the Department of Nursing.

"Any one nutrition center," the report continued, "may include all or part of the following adaptations."

I. A center where nutrition clinics for children who are suffering from malnutrition may be held. These children are followed into their homes where the mothers are given instruction and help.

II. A center to which any individual or agency may refer its nutrition problems.

III. A center where food for the sick may be prepared and distributed upon request from any agency, physician, dispensary, hospital, or public health nurse, and where individuals may be sent for instruction in the preparation of food for special diseases.

Miss Sawyer presented the report to the National Committee. It was moved by Miss Gladwin that the recommendations made in the report as read be incorporated in the material to be prepared by the chairman and later referred to the members of the National Committee on Red Cross Nursing Service. This was carried. The chairman explained that it would be necessary to include the five members of the Committee on Red Cross

Dietitian Service in the National Committee on Red Cross Nursing Service.

The report of the Bureau of Dietitian Service for the year ending June 30, 1920, told its own story:

> The fiscal year may be considered the transitional year in the development of the Bureau of Dietitian Service. The responsibilities assumed during the war necessarily had to be continued and at the same time a definite, constructive, workable program had to be developed in harmony with the general peace program.
>
> As the Army had no supervising dietitian since January 1, 1920, this bureau has acted as a recruiting agency for the Army as well as for the Navy and United States Public Health Service. It has also acted in an advisory capacity to the dietitians being discharged from the service and has been the means of putting many of them in touch with openings, as well as aiding many hospitals in securing dietitians.
>
> The Bureau of Dietitian Service has 2,387 enrolled dietitians. These women are all trained in home economics. Forty-four members were enrolled during the fiscal year, 14 as hospital dietitians and 30 as instructors in Food Selection, making a total enrollment of 509 hospital dietitians and 1,878 instructors.
>
> The supplying of dietitians to the Army, Navy and United States Public Health Service hospitals and the extension of its course in Home Dietetics were the main activities of this bureau on July 1, 1919. In developing the health program of the American Red Cross it soon became apparent that the activities in the field of nutrition would have to be extended to meet the health needs of the communities. This conception necessitated the complete reorganization of the bureau and its activities.
>
> A definite policy of coöperation was worked out with the States Relations Service of the Department of Agriculture and in each of the four Divisions in which a director of the bureau has been placed, a definite plan of coöperation has been effected with each State Extension Service.
>
> It was decided that the most effective contribution this bureau could make to the health program was the development of nutrition classes for undernourished children, the establishment of hot school lunches, and the extension of its course in Food Selection.
>
> Special nutrition classes for undernourished children were carried on in Red Cross Chapters under the leadership of nutrition experts. The nutrition worker organized and con-

ducted these classes, followed the children into their homes, where she assisted the mother in solving the food problems relative to the diet of the entire family, and also coöperated with the social worker and the public health nurse in special cases wherein they needed advice and assistance. Three nutrition centers were established during the fiscal year, while 138 nutrition clinics were conducted in the Atlantic and Southern Divisions.

Because the development of nutrition classes for undernourished children promises to be the most important activity of the bureau and because there is great need of standardizing the conduct of them, a plan whereby there will be at least one center in each Division for the training of nutrition workers has been begun. An effort is being made to establish these centers in coöperation with a Department of Home Economics. Such a coöperative plan is being worked out between Teachers College and the New York County Chapter, and Peabody College and the Nashville Chapter.

The course in Food Selection, replacing the former course in Home Dietetics, comprises a study of foods and the factors which determine the selection of an adequate diet for the family. During the fiscal year, 162 classes were held and 1,497 students certified in this course.

The Bureau of Dietitian Service stimulated an interest in hot school lunches and assisted in their establishment through Chapter Committees on Nursing Activities, or the Chapter School Committee of the Junior Red Cross in counties not served by a Home Demonstration agent, and in localities where the request came from the Extension Service.

The administrative work of the bureau had demanded almost the entire attention of the director and the need for assistance became apparent. In November, 1920, Anna R. Van Meter, a graduate of the University of Illinois, and for several years a member of its faculty, also later professor of Home Economics at Ohio State University, was made assistant director of the bureau. Miss Van Meter's first work after coming to National Headquarters was the making of necessary revisions in the lessons in Food Selection. Within a few months the long-promised textbook was published and ready for distribution.

During the months following the sudden contraction in war activities the Red Cross passed through many transitional and tentative phases in matters of organization and administration,

and the Nutrition Service had its full share of these experiences.

A special meeting of the nutrition members of the National Committee was called for August 17, 1920. Miss Noyes, chairman, Miss Edna White, Miss Ruth Wheeler, Miss Elva A. George and Miss Margaret Sawyer were present.

The chairman explained that the meeting had been called to discuss the transfer of the Nutrition Service from the Nursing to the Health Service, according to a proposal made to Dr. Farrand by Mr. Munroe and Dr. Peterson, director of Health Service. She stated that inasmuch as the program of the service had changed with the development of the health program of the Red Cross she felt willing to see the service developed on an independent basis, particularly as a profession other than the nursing profession was involved; but she saw no reason for it to be changed from its present position and placed under medical direction in Health Service, and she felt that no good argument had been offered to convince her of the advantages of such a change. She stated further, however, that if the Nutritional Committee agreed that such a change seemed desirable, she would offer no further objection.

The members of the committee expressed themselves as in harmony in general with Miss Noyes' point of view.

Miss Sawyer stated that she thought that a service which recruited its personnel from a distinct professional group should not be administered under any different group, and for that reason recommended that the Nutrition Service be made an independent service. However, if the Health Service were made to include all of the health activities of the Red Cross, nutrition, as one of the activities, would necessarily have to be included.

The meeting then adjourned to Mr. Munroe's office.

Mr. Munroe stated that he felt that it was an administrative matter and that for such reasons he wished to see the transfer of the Nutrition Service to the Health Service. The Nutrition Committee expressed their desire to see an independent service but finally agreed to accept the decision of the general manager that nutritional work should be transferred to the Health Service.

Notwithstanding the apparent finality of Mr. Munroe's ruling, no formal steps were taken to effect the transfer and the matter was lost sight of following the appointment by Dr.

Farrand of a committee (later known as "The Chairman's Committee of Inquiry") to conduct a study of the entire Red Cross organization. The results of the findings of this committee in so far as they affected the Nutrition Service were shown by the following excerpts from the committee's report submitted January 12, 1921:

> *Nutrition Service:* Nutrition Service should have distinctive recognition as a part of the program and should include:
>
> A. Development at National Headquarters of general policies and national contacts and, in each division, of state contacts, with assistance to the chapters in developing their local contacts.
>
> B. Information and advice for the benefit of personnel in each division and of executive secretaries and paid workers as well as officers and volunteers in the chapters, concerning nutrition service and ways of enlisting and using trained local volunteer personnel in this service.
>
> C. Development of a suitable text for classes in Food Selection and of a procedure for organizing and conducting such classes.
>
> D. Arrangements for enrollment and training of workers in nutrition service who will be available for employment by Army and Navy and other government hospitals and by chapter committees and civilian hospitals.

The Minutes of the meeting of the Central Committee, January 29, 1921 (page 1821), included the following:

> VOTED: That the Central Committee approves in general the report of the Chairman's Special Committee of Inquiry, more particularly the fundamental change from a departmental organization to a line and staff organization, etc. . . . and that it is the hope of the Central Committee that the transformation can be completed by July 1, 1921.

The Annual Report of the Red Cross Nutrition Service for the year ended June 30, 1921, told the remainder of the story, in so far as it is connected with this history, and was in itself both a recapitulation and a forecast of the Red Cross Nutrition Service.

> Nutrition Service operated as the Bureau of Nutrition Service in the Department of Nursing until the general re-

organization plan of the American Red Cross went into effect, April 1, 1921. Since then it has operated as a separate service. It has continued the work of enrolling women trained in home economics to act as dietitians in hospitals of the Army, Navy and United States Public Health Service, or as instructors in the course in Food Selection. The standards for enrollment are being raised through a more critical consideration of the qualifications of each candidate than was possible under the pressure of war conditions. Twenty-two hospital dietitians and 101 instructors were enrolled during the year. The total enrollment at the end of the fiscal year was 2,514.

The line of activities of the service determined upon last year in conformity with the general plan of permanent operations of the American Red Cross has been continued. Cooperation with the States Relations Service of the United States Department of Agriculture has been strengthened, and in those divisions in which the service has a director the work in coöperating with the State Extension Service is progressing satisfactorily.

The prevalence of malnutrition among children of the nation, rich and poor alike, as shown by inspections made by physicians, is a menace to the health of the nation and as such constitutes an emergency which calls for help from the Red Cross. Such aid is being given by the Nutrition Service as rapidly as its resources will allow, along the following lines:

1. Nutrition classes for undernourished children.
   In schools in coöperation with the school physician and the school nurse.
   In community centers allied with social organizations.
   In coöperation with Home Demonstration agents.
   In coöperation with the Public Health Service.

Reports for the year show 1,114 nutrition classes conducted with an enrollment of 22,096 children. Four thousand, seven hundred and thirty-two visits were made to the homes of these children.

A training center, to give the nutrition specialist the technique for the conduct of nutrition classes, is now in operation in New York City through the coöperation of Teachers' College, Columbia University, and the New York County Chapter. A similar training course of six weeks was begun in June at the State University of Iowa, the Department of Home Economics and the University College of Medicine coöperating with the special instructor in nutrition from the Red Cross. Several other universities have shown great interest in this plan and have asked that they be allowed to establish similar relations with the Red Cross.

2. Classes in Food Selection.

Organized among the mothers of children in nutrition classes.

Organized among other groups as an independent Chapter activity.

Organized in coöperation with Home Demonstration agents.

These classes are conducted by instructors selected from the list of enrolled dietitians. The textbook, "The Red Cross Course in Food Selection," has been revised and published recently.

During the year reports were received from 163 classes in Food Selection and 1,587 certificates were issued.

3. Hot lunches for school.

Nutrition Service has worked in coöperation with the Junior Red Cross Service and with the Home Demonstration agents and teachers in stimulating an interest in providing hot lunches in schools. Two hundred and twenty-seven such activities were reported.

4. Nutrition training courses for Red Cross personnel.

In the special training courses for Chapter executive secretaries, which are being developed by a number of educational institutions in coöperation with the Red Cross, varying amounts and phases of home economics are included, depending entirely upon the point of view and experience of the instructors. In some cases the material included has been adequate, in others not. To meet this situation the Nutrition Service is preparing a suggestive outline of material to be included in the training course for Red Cross secretaries and field representatives.

Inasmuch as most of the Chapter Executive Secretaries and Public Health Nurses receive their field training in urban communities, rather than in rural, it is the desire of the Nutrition Service to plan a course which will deal with the problems of the rural home in distinction from those of the city home.

In concluding this chapter it may be said that history defines its own limits both as to subject matter and emphasis, and it has in this case claimed the greater space for the war work of the dietitians.

But with this part of the story ended, the major interest of the Nutrition Service is seen to hark back to the original idea of education. Not a spectacular service to be sure—this slow and painstaking work of helping established agencies in their

none too easy task of readjusting their programs to meet the demonstrated need for more rational and consistent education in regard to adequate food. Nevertheless, it has been a service which has embodied to a high degree the spirit of the Red Cross, which impels to the lending of aid wherever needed.

Base Hospital Units Organized by the American Red Cross for the United States Army

No.	*Parent Institution*	*Director*	*Chief Nurse*
1.	Bellevue Hospital, New York City	George B. Wallace	Beatrice Bamber
2.	Presbyterian Hospital, New York City	George E. Brewer	Mrs. Janet Christie
3.	Mount Sinai Hospital, New York City	Howard Lilienthal	Amy Trench
4.	Lakeside Hospital, Cleveland, Ohio	George W. Crile	Grace Allison
5.	Peter Bent Brigham Hospital, Boston	Harvey Cushing	Carrie M. Hall
6.	Massachusetts General Hospital, Boston	F. A. Washburn	Sara E. Parsons
7.	Boston City Hospital, Boston	J. J. Dowling	Emma M. Nichols
8.	Post-Graduate Hospital, New York City	Samuel Lloyd	Amy F. Patmore
9.	New York Hospital, New York City	C. L. Gibson	May Vroom
10.	Pennsylvania Hospital, Philadelphia	R. H. Harte	Margaret A. Dunlop
11.	St. Joseph, St. Mary and Augustana Hospital, Chicago	N. M. Percy	Mrs. Julia Flikke
12.	Northwestern University Medical School, Chicago	F. A. Besley	Daisy D. Urch
13.	Presbyterian and County Hospital, Chicago	Dean D. Lewis	Mabel K. Adams
14.	St. Luke-Michael Reese Hospital, Chicago	L. L. McArthur	Mrs. Lynnette Vanderwort
15.	Roosevelt Hospital, New York City	Charles H. Peck	Mary L. Francis
16.	German Hospital, New York City	F. Kammerer	Louise A. Schleicher
17.	Harper Hospital (Allentown), Detroit, Mich.	Angus McLean	Emily A. McLaughlin
18.	Johns Hopkins Hospital, Baltimore, Md.	J. M. T. Finney	Bessie Baker
19.	Rochester General Hospital, Rochester, N. Y.	John M. Swan	Jessica Heal
20.	University of Pennsylvania Hospital, Philadelphia	John B. Carnett	Edith B. Irwin
21.	Washington University Medical School, St. Louis, Mo.	Fred T. Murphy	Julia C. Stimson
22.	Milwaukee County Hospital, Milwaukee, Wis.	C. A. Evans	Stella Mathews
23.	Buffalo General Hospital, Buffalo, N. Y.	Marshall Clinton	Laurie L. Phillips
24.	Tulane University Hospital, New Orleans, La.	John B. Elliott	Ethel A. Holmes
25.	Cincinnati General Hospital, Cincinnati, Ohio	William Gillespie	Helen Gallagher
26.	University of Minnesota Hospital, Minneapolis, Minn.	A. A. Law	Anna Gosman
27.	University Pittsburgh Medical School, Pittsburgh, Pa.	R. T. Miller	Blanche S. Rulon
28.	Christian Church Hospital, Kansas City, Mo.	J. F. Binnie	L. Eleanor Keely

No.	*Parent Institution*	*Director*	*Chief Nurse*
29.	University of Denver Medical School, Denver, Colo.	J. W. Amesse	Laura Beecroft
30.	University of California, San Francisco, Calif.	E. S. Kilgore	Mrs. A. S. Crane
31.	Youngstown Hospital, Youngstown, Ohio	Colin R. Clark	Frances M. Kehoe
32.	City Hospital, Indianapolis, Ind.	Edmund D. Clark	Florence Martin
33.	Albany Hospital and Medical School, Albany, N. Y.	A. W. Elting	Mattie Washburn
34.	Episcopal Hospital, Philadelphia	A. P. A. Ashhurst	Katherine Brown
35.	Good Samaritan Hospital, Los Angeles, Cal.	J. J. A. Van Kaathoven	A. C. MacFarland
36.	College of Medicine, Detroit, Mich.	Burt R. Shurly	Mrs. Betsy L. Harris
37.	King's County Hospital, Brooklyn, N. Y.	E. H. Fiske	Anna Mack
38.	Jefferson Medical School, Philadelphia	William M. L. Coplin	Clara Melville
39.	Yale Mobile Unit,* Yale University, New Haven, Conn.	Joseph M. Flint	No chief Nurse
40.	Good Samaritan Hospital, Lexington, Ky.	David Barrow	Elizabeth Bogle
41.	University of Virginia Hospital, University, Va.	William H. Goodwin	Margaret B. Cowling
42.	University of Maryland Medical School, Baltimore, Md.	A. C. Harrison	Mary Gavin
43.	Emory University Hospital, Atlanta, Ga.	E. C. Davis	Carolyn Dantzler
44.	Massachusetts Homeopathic Hospital, Boston	William F. Wesselhoeft	Alice Flash
45.	Medical College of Virginia, Richmond, Va.	Stuart McGuire	Ruth I. Robertson
46.	University of Oregon Hospital, Portland Ore.	Robert C. Yenney	Grace Phelps
47.	San Francisco Hospital, San Francisco, Cal.	Charles Levison	Elizabeth Jamieson
48.	Metropolitan Hospital, New York City	William F. Honan	Helene D. Bengston
49.	State University Hospital, Omaha, Nebr.	A. C. Stokes	Ida Gerding
50.	University of Washington Hospital, Seattle, Wash.	J. B. Eagleson	Belle M. Fraser
102.	Loyola University, New Orleans, La.	J. A. Danna	Sister Chrysostom Moynahan

* The organization of this unit was never completed.

HOSPITAL UNITS ORGANIZED BY THE AMERICAN RED CROSS FOR THE UNITED STATES ARMY

Unit	*Parent Institution*	*Director*	*Chief Nurse*
A.	Presbyterian Hospital, Philadelphia	John H. Jopson	Kate Liddle
B.	Westchester County Associated Hospitals, Yonkers, N. Y.	S. E. Getty	Rachel Benham
C.	Spokane, Wash. (no parent institution)	S. E. Lambert	Alice Claude
D.	City Hospital, Louisville, Ky.	I. Lindenberger	Mabel Peters
F.	Harlem Hospital, New York City	Lewis K. Neff	Josephine Gillies
G.	University Medical College Hospital, Syracuse, N. Y.	E. S. Van Duyn	Augusta Morse
H.	Fordham Hospital, New York City	Alexander Nicoll	Mrs. Annie Humphrey
I.	St. John's Hospital, Anderson, Ind.	J. B. Fattic	Lora Roser
K.	Council Bluffs, Iowa (no parent institution)	Donald McCrae, Jr.	Elizabeth Swingle
L.	Allegheny General Hospital, Pittsburgh, Pa.	S. V. King	Sara Mansell
N.	Flower Hospital, New York City	Ralph A. Stewart	Jane Powers
O.	Charlotte, N. C. (no parent institution)	Addison G. Brenizer, Jr.	Mrs. Anna Allen
P.	General Hospital, Memphis, Tenn.	W. Battle Malone	Myrtle Archer
Q.	Butterworth-Blodgett University, Grand Rapids, Mich.	R. R. Smith	Mrs. Susan F. Apted
R.	Jefferson County Hospital, Fairfield, Iowa	J. Fred Clarke	Amy Beers
S.	Vanderbilt University, Nashville, Tenn.	Richard A. Barr	Catherine Sinnott
T.	University of Arkansas, Little Rock, Ark.	W. S. Snodgrass	Anna Sangey
V.	Baylor University, Dallas, Texas	M. E. Lott	Frances J. Burch
W.	St. John's Hospital, Springfield, Ill.	D. M. Ottis	Amanda Metzger

TRAINING SCHOOL UNITS ORGANIZED FOR THE AMERICAN ARMY BY THE AMERICAN RED CROSS

No. of Unit	*Parent Organization*	*Organizing Nurse*
500	Sarah Elizabeth Hospital, Henderson, N. C.	Winifred W. Atkinson
501	Methodist Episcopal Hospital, Brooklyn, N. Y.	Grace B. Hinckley
502	St. Luke's Hospital, Jacksonville, Fla.	Frances L. Williams
503	The California Hospital, Los Angeles, Cal.	Anna A. Williamson
504	The Framingham Hospital, Framingham, Mass.	Irene W. Mason
505	New York (City) Medical Hospital	Sara Spring
506	Presbyterian Hospital, Philadelphia	Caroline Milne Katherine Boggs
507	Joseph Lawrence Free Public Hospital, New London, Conn.	K. M. Prindiville
508	Battle Creek Sanitarium, Battle Creek, Mich.	Mary S. Foy
509	Thomas Dee Memorial Hospital, Ogden, Utah	Stella Peterson
510	St. Francis Hospital, La Crosse, Wis.	Sister Theodora
511	Columbus Hospital, Great Falls, Mont.	Sister Remi
512	Braddock General Hospital, Braddock, Pa.	Emma Church
513	Lutheran Hospital, Sioux City, Iowa	M. B. Ludy
514	Mary Fletcher Hospital, Burlington, Vt.	Hattie E. Douglass
515	Saginaw General Hospital, Saginaw, Mich.	L. Matthews
516	St. Francis Sanatorium, Monroe, La.	Sister Marie de Bethanie
517	St. Luke's Hospital, Spokane, Wash.	Florence M. Taylor
518	Minnequa Hospital, Pueblo, Colo.	Mary E. Knott
519	Wichita Hospital, Wichita, Kans.	Adelaide W. Lewis
520	St. Joseph Hospital, Deadwood, S. Dak.	Sister M. Elizabeth Seaman
521	Shenango Valley Hospital, New Castle, Pa.	Lydia MacKinney
522	St. Luke's Hospital, Richmond, Va.	Ruth Robertson Florence Black
523	Presque Isle General Hospital, Presque Isle, Maine	Margaret B. Cowan
524	Bayonne Hospital and Dispensary, Bayonne, N. J.	Rena M. Virtue
526	A. Barton Hepburn Hospital, Ogdensburg, N. Y.	Frances Prouse
527	South Side Hospital, Pittsburgh, Pa.	Gertrude Heatley
528	The Physicians' Hospital, Plattsburg, N. Y.	Iva Godshalk

529	Nicholas Senn Hospital, Omaha, Nebr.	Louise Brackhohn
530	St. Joseph's Hospital, Fort Worth, Texas	Sister M. Winifred
531	Santa Rosa Infirmary, San Antonio, Texas	Sister M. Fidelia
532	St. Anthony's Hospital, Oklahoma City, Okla.	Lina L. Davis
533	St. Francis Hospital, Trenton, N. J.	Anne Conway Anna U. Walker
534	The Lee Hospital, Rochester, N. Y.	Louise V. Merwin
535	Research Hospital, Kansas City, Mo.	Mary A. Burns
536	Grace Hospital, Detroit, Mich.	Harriet Leck
537	West Side Hospital Association, Scranton, Pa.	M. Y. Hill
538	Garfield Memorial Hospital, Washington, D. C.	Anna G. Hayes
539	Swedish Hospital, Brooklyn, N. Y.	Dorothea Gothson
540	Albany Hospital, Albany, N. Y.	Sally Johnson
541	Metropolitan Training School, Blackwell's Island, N. Y.	Tekla Terrell Nellie Van Dyke
542	Buffalo Hospital of the Sisters of Charity, Buffalo, N. Y.	Sister Margaret
543	Philadelphia General Hospital, Philadelphia	Mabel Hanwish Marie E. McGuinness
544	Howard Hospital, Philadelphia	Katherine Appel
545	Milwaukee County Hospital, Wauwatosa, Wis.	Adelaide Northam
546	Grace Hospital, New Haven, Conn.	J. Allison Hunter
547	Indiana Hospital, Indiana, Pa.	Elizabeth B. Dill Sara P. Shields
548	St. Mary's Hospital, Cairo, Ill.	Sister M. Wilfred
549	St. Timothy's Memorial Hospital, Philadelphia	Margaret S. Smylie
550	Binghamton State Hospital, Binghamton, N. Y.	Edith Atkin
551	Theda Clark Memorial Hospital, Neenah, Wis.	Amelia Richie Matild Krueger
552	Hospital of the Protestant Episcopal Church, Philadelphia	K. V. Cleveland
553	Newark City Hospital, Newark, N. J.	Mary F. Mason
554	The Biedler & Sellman Hospital, Baltimore	Julia R. Hagenbach
555	West Philadelphia General Homeopathic Hospital, Philadelphia	F. E. Hessler
556	Barnes Hospital, St. Louis, Mo.	Helen L. Bridge
557	Italian Benevolent Institute and Hospital, New York City	Ellen McCrae

No. of Unit	*Parent Organization*	*Organizing Nurse*
558	Union Hospital, Fall River, Mass.	Anna E. Rothrock
559	The Children's Hospital, Boston	Elizabeth E. Sullivan
560	Littleton Hospital Association, Littleton, N. H.	Edith Bennet
561	North Hudson Hospital, Weehawken, N. J.	Matilda Gumpper
562	St. Luke's Hospital, St. Paul, Minn.	Jessie E. Calton
563	Washington Park Hospital, Chicago	Frances Kristulek Marie Felber
564	Iowa Methodist Hospital, Des Moines, Iowa	Nellie E. Brock
565	Bellevue Hospital, New York City	Amy Hilliard Netta Westercamp
566	Grand Forks Deaconess Hospital, Grand Forks, N. Dak	Mary C. Fredrickson
567	University of Minnesota, Minneapolis, Minn.	Louise M. Powell
568	The Rutland Hospital, Rutland, Vt.	Annie A. Aitken
569	The Piedmont Sanitarium, Atlanta, Ga.	Martha J. Giltner
570	Clarence Barker Memorial Hospital, Biltmore, N. C.	Mary P. Laxton
571	Memorial Hospital, Pawtucket, R. I.	Nellie M. Selby
572	Frederick City Hospital, Frederick, Md.	Grace Hughes
573	Harper Hospital, Detroit	Margaret McDermid
574	Evanston Hospital Association, Evanston, Ill.	Ada B. McCleery
575	St. Luke's Hospital, Aberdeen, S. Dak.	Sister Mary Dominic
576	Passavant Memorial Hospital, Chicago	Eliza C. Glenn
577	Newport Hospital, Newport, R. I.	Janet McLaurin
578	St. Raphael's Hospital, St. Cloud, Minn.	Ita R. McDonnell J. C. Friberger
579	Carney Hospital, South Boston, Mass.	Sister Marciana
580	Boston State Hospital, Boston	Jane Robertson
581	St. Luke's Hospital, New York City	Carrie E. Bath
582	Mount Sinai Hospital, New York City	Elizabeth Greener
583	Glen Falls Hospital, Glen Falls, N. Y.	Estelle Palmer
584	Children's Hospital, Portland, Maine	Beatrice Lambert

585	Robert W. Long Hospital, Indianapolis	Maud E. Miller Helena Ethel Clark
586	Presbyterian Hospital, Chicago	M. McMillan
587	University of Iowa Hospital, Iowa City, Iowa	Mary E. Haarer
588	Burnett Sanatorium, Fresno, Cal.	Katherine Shaw
589	St. Vincent's Hospital, Los Angeles, Cal.	Sister Anne
590	Maine General Hospital, Portland, Maine	Margaret Dearness
591	Stuart Circle Hospital, Richmond, Va.	R. Z. Van Vort
592	Woman's Hospital, Philadelphia	Bertha Seldomridge
593	St. Joseph's Hospital, Minot, N. Dak.	Mary A. Bock
594	The Church Home and Infirmary, Baltimore, Md.	Jane E. Nash
595	Ryburn Memorial Hospital, Ottawa, Ill.	Elizabeth Asseltine
596	Mercy Hospital, Cadillac, Mich.	Sister Mary Leo
597	Wesley Hospital, Oklahoma City, Okla.	Bertha Huber
598	Binghamton City Hospital, Binghamton, N. Y.	Theodora le Febvre Ann Lee Washbon
599	Erie County Hospital, Buffalo, N. Y.	Nellie Davis
600	New York Hospital, New York City	M. H. Jordan
601	Baptist Memorial Sanatorium, Dallas, Texas	Helen T. Holliday
602	University of Michigan Hospital, Ann Arbor, Mich.	Fantine Pemberton
603	Paterson's and St. Joseph's Hospital, Ann Arbor, Mich.	Elba Morse
604	Galesburg Hospital, Galesburg, Ill.	Elizabeth Smith
605	City Hospital, St. Louis, Mo.	M. Anna Gillis
606	St. John's Hospital, Helena, Mont.	Sister Charitina
607	St. James' Hospital, Butte, Mont.	Maud E. Lally
608	St. Joseph's Hospital, Philadelphia	Bertha M. Beck
609	Brooklyn Hospital, Brooklyn, N. Y.	Agnes J. Trull May L. Ryan
610	Wesley Hospital, Kansas City, Kans.	Bertha Loomis
611	Grant Hospital, Chicago, Ill.	Lorena L. Muchow
612	Johns Hopkins Hospital, Baltimore, Md.	Elsie Lawler
613	St. Joseph's Hospital, Baltimore, Md.	Helen M. Stein
614	Union Hospital, Elkton, Md.	Maida Campbell
615	Maryland General Hospital, Baltimore, Md.	Helen Wise

No. of Unit	*Parent Organization*	*Organizing Nurse*
616	State University Hospital, Oklahoma City, Okla.	Edna Holland
617	Robinwood Hospital, Toledo, Ohio	Dorothy Neer
618	Rockford City Hospital, Rockford, Ill.	Elizabeth Wright
619	Trull Hospital, Biddeford, Maine.	Lucy Potter
620	Montana Deaconess Hospital, Great Falls, Mont.	Augusta Ariss
621	Sherman Hospital, Elgin, Ill.	Irene Oberg
622	Syracuse Hospital, Syracuse, N. Y.	Elizabeth MacDill
623	Methodist Hospital, Peoria, Ill.	Martha Morritz Sara L. Horst
624	St. Vincent's Hospital, Toledo, Ohio	Sister Perrone Lydia Speelman
625	Flower Hospital, Toledo, Ohio	Anna Vogler
626	Lucas County Hospital, Toledo, Ohio	Edna Reynolds
627	St. Francis' Hospital, Kewanee, Ill.	Sister Mary Bernard
628	City and County Hospital, St. Paul, Minn.	Frances Campbell
629	General Hospital, Kansas City, Mo.	Geraldine Borland
630	Agatha Hospital, Clinton, Iowa	Marietta Tanner
631	Protestant Deaconess Home and Hospital, Evansville, Ind.	Sister Lina Braun
632	Sparrow Hospital, Lansing, Mich.	Kathleen Scott Mildred Cardwell
633	Wesley Memorial Hospital, Atlanta, Ga.	Alberta Dozier
634	Grady Hospital, Atlanta, Ga.	H. B. Feebeck
635	Davis-Fischer Sanitorium, Atlanta, Ga.	Agnes McGinley
636	Sparks Memorial Hospital, Fort Smith, Ark.	Menia S. Tye
637	Swedish Hospital, Kansas City, Mo.	Lillie H. Nelson
638	Illinois Training School for Nurses, Chicago	Mary C. Wheeler
639	St. Joseph's Hospital, Kansas City, Kans.	Eula C. Berry
640	Beloit Hospital, Beloit, Wis.	Alice B. Crow
641	St. Mary's Hospital, Green Bay, Wis.	Sister Catherine

642	Springfield Hospital, Springfield, Mo.	Ethel V. Rodkey Dora Stacy Winifred Flaherty
643	New Rochelle Hospital, New Rochelle, N. Y.	L. Hartwell M. McGarr
644	Baptist Sanatorium, St. Louis	Mary A. Nelson
645	Proctor Hospital, Peoria, Ill.	Ella Jones Stella Freidinger
646	Norwegian Lutheran Deaconess Hospital, Minneapolis, Minn.	Inger Bergh
647	St. Joseph's Sanatorium, Ann Arbor, Mich.	Sister Ursula
648	Independence Sanatorium, Independence, Mo.	Sarah M. Rodgers
649	Springfield Hospital, Springfield, Ill.	Regina A. Hackman
650	Presbyterian Hospital, New York City	Anna Maxwell
651	St. John's Sanatorium, San Angelo, Texas	Sister M. Ascension
652	St. Mary's Hospital, Milwaukee, Wis.	Sister M. Stephanie
653	St. Joseph's Hospital, Milwaukee, Wis.	Sister Alberta
654	Milwaukee Hospital, Milwaukee, Wis.	Sister Emma Lerch
655	Trinity Hospital, Milwaukee, Wis.	Delphine Hines
656	St. Luke's Hospital, Bellingham, Wash.	Ella Wilkinson
657	Clifton Springs Sanatorium, Clifton Springs, N. Y.	Alice V. Newton Blanche Niles
658	South Side Hospital, Kansas City, Mo.	Mandelle Hicks
659	Bethseda Hospital, St. Louis, Mo.	M. Schoenherr
660	St. Mary's Hospital, Gary, Ind.	Sister M. Angelica
661	St. Paul's Sanatorium, Dallas, Texas	Sister Julietta
662	St. Luke's Hospital, Kansas City, Mo.	Clara Tulloss
663	Ensworth Hospital, St. Joseph, Mo.	Harriet Olson
664	St. John's Hospital, Cheyenne, Wyo.	Jennie McKenzie
665	Kenny's Sanatorium, San Antonio, Texas	Annie Lud
666	Shawnee General Hospital, Shawnee, Ohio	Idah M. Auten
667	St. Francis' Hospital, Topeka, Kans.	Sister Anacaria
668	Texarkana Sanatorium and Hospital, Texarkana, Texas	Florence Gants
669	Seton Infirmary, Austin, Texas	Sister Ursula
670	Buffalo General Hospital, Buffalo	Martha Hunter

No. of Unit	*Parent Organization*	*Organizing Nurse*
671	St. Peter's Hospital, Helena, Mont.	L. Van Luvance
672	Bethany Methodist Hospital, Kansas City, Mo.	Ethel L. Hastings
673	Cushing Hospital, Leavenworth, Kans.	Eleanor F. Patterson
674	Memorial Hospital, Worchester, Mass.	Georgella Locks
675	Chicago Union Hospital, Chicago	Minnie Allen
676	Booth Memorial Hospital, Covington, Ky.	Catherine Webb
677	Speer's Memorial Hospital, Dayton, Ky.	Sophia F. Stienheuer
678	Somerset Hospital, Somerville, N. J.	J. B. Hamilton
679	St. Anthony's Sanatorium, Amarillo, Texas	Sister Sixtus
680	Lewis Cable Hospital, Roanoke, Va.	Virginia Thacker
681	Clay Center Hospital, Concordia, Kans.	Anna M. Wasmer
682	St. John's Hospital, Leavenworth, Kans.	Sister Mary Celestine
683	St. John's Hospital, St. Paul, Minn.	Magdalena Rau
684	St. Joseph's Hospital, St. Joseph, Mo.	Sister Catherine
685	Jewish Hospital, St. Louis	Annie J. Whittaker
686	Dameron Hospital, Stockton, Cal.	Helen E. Johnston
687	St. Mary's Hospital, Saginaw, Mich.	Sister Eugenia
688	Wheeling Hospital, Wheeling, W. Va.	Sister Adelaide
689	Danbury Hospital, Danbury, Conn.	Mary Durnin
690	All Saints' Hospital, Fort Worth, Texas	Marjorie House
691	Ravenswood Hospital, Chicago	Sydney Appell
692	St. Mary's Hospital, Walla Walla, Wash.	Sister Pascal
693	St. Joseph's Hospital, Denver, Colo.	Sister Mary Cecilia
694	Mercy Hospital, Des Moines, Iowa	Anna C. Kelley
695	City Hospital, Worcester, Mass.	Irene Van Pelt
696	Hahnemann Hospital, Worcester, Mass.	Susanne M. Freeman
697	Englewood Hospital, Chicago	Mary Anderson
698	St. Vincent's Hospital, Indianapolis	Sister Adelaide
699	St. Joseph's Hospital, Hot Springs, Ark.	Sister Mary Edward
700	(No Parent Organization)	Vashti Bartlett

701	State Hospital No. 3, Nevada, Mo.	Mary E. Bell
702	Chillicothe Training School, Chillicothe, Mo.	Superintendent of Nurses
703	Levering Hospital, Hannibal, Mo.	H. Southwort
704	St. Joseph's Hospital, Ashland, Wis.	Sister Landelina
705	Mercy Hospital, Cedar Rapids, Iowa	Sister Mary Edward
706	St. Elizabeth's Hospital, Youngstown, Ohio	Sister Genevieve
707	Park View Sanatorium, Savannah, Ga.	L. C. Saville
708	St. Mary's Hospital, Rochester, Minn.	Mary Ledwidge
709	Rochester Homeopathic Hospital, Rochester, N. Y.	Ida McAfee
710	Wilkes Barre Hospital, Wilkes-Barre, Pa.	Carrie L. Best
711	Mercy Hospital, Denver, Colo.	Sister Mary Sebastian
712	Samaritan Hospital, Troy, N. Y.	L. F. Arnold
713	Temple Sanatorium, Temple, Texas	Wilma Carlton
714	Northwestern Hospital, Princeton, Minn.	Beth H. Fowles
715	Synodical Presbyterian Hospital, Waterloo, Iowa	Mae Burtch Louise Schnabel
716	Mercy Hospital, Baltimore	Marie Kinney
717	Swedish Hospital, Minneapolis, Minn.	Hannah Swenson Helen Anderson
718	Emergency Hospital, Carbondale, Pa.	Superintendent of Nurses
719	Vassar Brothers' Hospital, Poughkeepsie, N. Y.	Mildred Deyo
720	Homeopathic Hospital, Chester, Pa.	Ethel J. Humphreys
721	No unit organized	
722	Madison Training School, Madison, S. Dak.	Johanna Hegdahl
723	St. Luke's Hospital, Little Rock, Ark.	Myrtle Hafer
724	Florence, S. C. (No Parent Organization)	Katherine O. Altman
725	Luther Hospital, Watertown, S. Dak.	Hulda B. Heyer
726	St. Michael's Hospital, Grand Forks, N. Dak.	Lena Ginthuer Eveline Swenson
727	Gary General Hospital, Gary, Ind.	Margaret E. Pritchard
728	Thanksgiving Hospital, Cooperstown, N. Y.	Ella R. Falvey
729	Holyoke City Hospital, Holyoke, Mass.	Ethel M. Doherty
730	New Samaritan Hospital, Sioux City, Iowa	Florence Mentor

No. of Unit	*Parent Organization*	*Organizing Nurse*
731	Physicians' and Surgeons' Hospital, Muskogee, Okla.	Leota Hartley Lena Warren
732	Seattle General Hospital, Seattle, Wash.	E. H. Hall
733	Sioux Falls Lutheran Hospital, Sioux Falls, S. Dak.	Clara Savereide
734	Asbury Hospital, Minneapolis, Minn.	Harriet Clough
735	South Highland Infirmary, Birmingham, Ala.	Anna Corbett
736	West Side General Hospital, St. Paul, Minn.	Anna E. Boetleher
737	Santa Fé Hospital, Topeka, Kans.	Lura Pendarvis
738	McPherson Hospital, McPherson, Kans.	Oena Gronewold
739	Frederich F. Thompson Hospital, Canandaigua, N. Y.	Elin K. Kraemer
740	Christ Hospital, Topeka, Kans.	Elizabeth Pearson
741	People's Hospital, Akron, Ohio	Clara L. Brouse
742	Mercy Hospital, Pittsburgh, Pa.	Sister Mechtilde Marie K. Strobel

BASE HOSPITALS ORGANIZED BY THE AMERICAN RED CROSS FOR THE UNITED STATES NAVY

	Parent Institution	*Director*	*Chief Nurse*
1.	Brooklyn, N. Y.	Dr. W. B. Brinsmade	Frances Van Ingen
2.	San Francisco, Calif. (Lane Hospital)	Dr. Stanley Stillman	C. Elizabeth Hogue
3.	Los Angeles, Calif.	Dr. Rea Smith	Sue Dauser
4.	Providence, R. I. (Rhode Island Hospital)	Dr. George A. Mattingly	Grace McIntyre
5.	Philadelphia, Pa. (Methodist Episcopal Hospital	Dr. Robert LeConta	Alice Garret
6.	Seattle, Wash.	Dr. Milton G. Sturgis	Blanche Fairweather
7.	Houston, Texas	Dr. Judson L. Taylor	Maggie E. House
8.	Richmond, Va.	Dr. A. M. Willis	Bernice Hall

NAVAL STATION HOSPITAL UNITS ORGANIZED BY THE AMERICAN RED CROSS FOR THE UNITED STATES NAVY

	Location of Parent Institution	*Director*	*Chief Nurse*
1.	Pittsburgh, Pa. (St. Margaret's Hospital)	Dr. Nelson H. Clark	Grace Anthony
2.	Philadelphia, Pa. (St. Agnes' Hospital)	Dr. John A. McGlinn	Catherine Moran
3.	Montclair, N. J. (Mountainside Hospital)	Dr. James Hanan	Blanche Kennedy
4.	Brooklyn, N. Y. (St. Mary's Hospital)	Dr. John A. Less	Helen Grady
5.	Columbus, Ohio (Grant Hospital)	Dr. V. A. Dodd	Carrie E. Churchill
6.	Austin, Texas (Seton Infirmary)	Dr. Z. T. Scott	Nell Freund
7.	Toledo, Ohio	Dr. Charles W. Moots	Daisy Mapes
9.	Boston, Mass.	Dr. L. R. G. Crandon	Emily Pine (organizing nurse)
10.	Minneapolis, Minn.	Dr. Clifford Henry	Crecentia Diedericks
11.	San Francisco, Calif.	Dr. Carl P. Jones	Myrtle G. Chandler
13.	Minneapolis, Minn.	Dr. William E. Roberts	Sadie Murphy
14.	St. Louis, Mo.	Dr. L. C. McAmis	Grace Lieurance
15.	Dubuque, Iowa	Dr. John C. Hancock	Frances Pedersen
16.	Philadelphia, Pa.	Dr. M. B. Miller	Winifred Brown
17.	Seattle, Wash.	Dr. John S. McBride	Edna L. Robinson
18.	Duluth, Minn.	Dr. Arthur Collins	M. Olive Graham
19.	St. Louis, Mo.	Dr. R. B. H. Gradwohl	Genevieve Thorpe
20.	St. Paul, Minn.	Dr. O. W. Holcomb	Mabel Larson

Navy Detachments Organized by the American Red Cross for the United States Navy

Training School	*Organizing Nurse*
Newton Hospital, Newton Lower Falls, Mass.	Mary M. Riddle
St. Luke's Hospital, New Bedford, Mass.	Susan E. Emmott
Union Hospital, Fall River, Mass.	Anna E. Rothrock
St. Luke's Hospital, New York City.	Carrie E. Bath
Orange Memorial Hospital, Orange, N. J.	Bessie Millman
Protestant Episcopal Hospital, Philadelphia.	Katherine Brown
Allegheny General Hospital, Pittsburgh, Pa.	Lettie Draling
Columbia Hospital, Washington, D. C.	Lucy Minnigerode
Providence Hospital, Washington, D. C.	Sister Flavia
University Hospital, Charlottesville, Va.	Margaret B. Cowling
Pasadena Hospital, Pasadena, Cal.	Lila Pickhardt
St. Luke's Hospital, San Francisco, Cal.	Esther A. Brown
Seattle General Hospital, Seattle, Wash.	Ethelyn Hall
St. Luke's Hospital, Seattle, Wash.	Johanna Burns
San Francisco Hospital, San Francisco, Cal.	Katherine Flynn
Anna Jaques Hospital, Newburyport, Mass.	Jessie Grant
Butler Hospital, Providence, R. I.	Evelyn C. Jehan
Children's Hospital, Boston, Mass.	Elizabeth E. Sullivan
Children's Hospital, Portland, Maine.	Edith L. Soule
Garfield Memorial Hospital, Washington, D. C.	Agnes G. Hayes
Eastern Maine General Hospital, Bangor, Maine.	Ida Washburne
Georgetown Hospital, Washington, D. C.	Barbara Sandmaier
German Hospital, New York City.	Charlotte Grim
Hartford Hospital, Hartford, Conn.	Lauder Sutherland
House of Mercy Hospital, Pittsfield, Mass.	Mary Marcy
John Sealy Hospital, Galveston, Texas.	C. L. Shackford
Maine General Hospital, Portland, Maine.	Margaret M. Dearness
Malden Hospital, Malden, Mass.	Charlotte M. Perry
Boston, Mass., Local Committee on Red Cross Nursing Service	Julia E. Reed, Sec'y
Epworth Hospital, South Bend, Ind.	Margaret R. Parker
Fargo, N. Dak.	Ethel Stanford
State University Hospital, Oklahoma City, Okla.	Edna Holland
Local Committee on Red Cross Nursing Service, Salt Lake City, Utah	Damaris A. Beeman, Sec'y
City and County Hospital, St. Paul, Minn.	Frances D. Campbell
St. Vincent's Hospital Alumnæ Association.	Bertha A. Thompson
St. Joseph's Hospital, St. Paul, Minn.	Sister Mary Charles

American Red Cross Military Hospitals in Great Britain

American Red Cross Military Hospital No. 4—Mossley Hill, Liverpool
American Red Cross Military Hospital No. 21—Paignton, South Devon
American Red Cross Military Hospital No. 22—Lancaster Gate, London
American Red Cross Military Hospital No. 23—St. Katharine's Lodge, London
American Red Cross Military Hospital No. 24—Baroda House, London

An American Red Cross Military Hospital of twenty-eight beds was opened near Dublin, Ireland, October 15, 1918, to serve American mechanics from four aërodromes.

American Red Cross Convalescent Hospitals

American Red Cross Convalescent Hospital No. 101—Lingfield, London
American Red Cross Convalescent Hospital No. 102—Wimbledon, London
American Red Cross Convalescent Home for Nurses—Putney, London

American Army Hospitals in Great Britain

United States Army Base Hospital No. 204—Hursley Park
United States Army Base Hospital No. 33—Portsmouth
United States Army Base Hospital No. 37—Dartford
United States Army Base Hospital No. 29—Tottenham
United States Army Base Hospital No. 40—Sarisbury Court

United States Army Camp Hospital No. 35—Winchester
United States Army Camp Hospital No. 40—Knotty Ash, Liverpool
United States Army Camp Hospital No. 34—Romsey
United States Army Camp Hospital No. 36—Southampton

American Red Cross Military Hospitals in France

No. 1—Neuilly-sur-Seine
No. 2—5 Rue Puccini, Paris
No. 3—4 Rue de Chevreuse, Paris
No. 5—Auteuil, Paris
No. 6—Bellevue, Paris
No. 7—Jouilly-Seine-et-Marne
No. 8—Malabry
No. 9—32 Boulevard des Batignolles (for skin diseases)

American Red Cross Hospitals in France

No. 101—2 Boulevard de Château, Neuilly (for personnel of Red Cross and other welfare organizations)
No. 102—Neufchâteau (for contagious diseases)
No. 103—44 Rue Chauveau, Neuilly (overflow hospital for A.R.C. Military Hospital No. 1)
No. 104—Beauvais, L'École Professionelle
No. 105—Jouilly, maintained for French wounded after the withdrawal of Americans
No. 107—Jouy-sur-Morin
No. 109—Évreux, Dr. Fitch's Hospital
No. 110—Coincy, Aisne
No. 111 Château-Thierry, Aisne
No. 112—Auteuil, Paris (under construction)
No. 113—Cognac, for the Czecho-Slovak Army
No. 114—Toul

L'Hôpital des Alliés, at the Château d'Annel, near Campeigne; Ambulance Chirurgical St. Paul; the temporary formation at Chantilly; the Daly Unit and *L'École de Légion de Honneur* at St. Denis were other columns assisted by American Red Cross funds, personnel and supplies.

American Red Cross Infirmaries in France

No. 1—Dijon
No. 2—Bourges
No. 3—Angers
No. 4—Nantes
No. 5—Tours (St. Pierre du Corps)
No. 6—Limoges
No. 7—Brest
No. 8—Bordeaux
No. 9—St. Nazaire

American Red Cross Dispensaries in France

No. of Dispensary	*Visits Made*	
No. 1	28,000	
No. 2	12,435	
No. 3	3,397	
No. 4	433	
No. 5	3,748	
No. 6	1,715	
No. 7	5,999	
No. 8	1,804	
No. 9—A.R.C. Military Hosp.	24,500	(Out-patient clinic)
No. 102—A.R.C. Hospital	15,316	(Dispensary connected with No. 102)
Total	97,347	

American Red Cross Convalescent Homes for the American Expeditionary Forces in France

No. 1—St. Julien, Gironde
No. 2—Hotel Regina, Biarritz
No. 3—Morgat
No. 4—St. Cloud, Paris
No. 5—Vatan-Indre, Issoudun
No. 6—Le Croisic
No. 7—Rochefort-en-Terre-Morbihan
No. 8—Château de Villegenis, near Paris
No. 9—Château de Saumery, Huisseau-s-Cosson
No. 10—Alvignac
No. 11—Hotel du Cap d'Antibes

Location of American Red Cross Nurses' Homes in France

Paris, 41 rue Galilee
Passy, 5 and 7 rue Louis Boilly
Neuilly, 17 Avenue St. Foy
Paris, 118 rue de la Faisanderie
Paris, 4 rue Chevreuse, A.R.C. M.H. No. 3
St. Denis, Base Hospital No. 41
Paris, 17 rue Auguste-Comte, Base Hospital No. 57
Dijon, Hotel du Jura
Talence, Base Hospital No. 6
Bordeaux, 2 Cours du Jullet
Le Croisic
Cannes, Hotel Biarritz

NURSES' RECREATION CLUBS BUILT BY THE AMERICAN RED CROSS FOR REGULAR AND RESERVE MEMBERS, ARMY NURSE CORPS, A.E.F., FRANCE

Angers, Base Hospital No. 27
Allerey, Base Hospital No. 26
Bazoilles, Base Hospital No. 18
Bazoilles, Base Hospital No. 48
Baccarat
Beaune, Base Hospital No. 61
Beaune, Base Hospital No. 80
Brest, C Hospital No. 33
Brest, Base Hospital No. 65
Châteauroux, Base Hospital No. 9
Donjeux, Military Hospital No. 11
Limoges, Base Hospital No. 24
Le Valdahon, C. H. No. 12
Nantes, Army
Nantes, Base Hospital No. 11
Neufchâteau, Base Hospital No. 66
Rimaucourt, Base Hospital No. 58
Rimaucourt, Base Hospital No. 64
Rimaucourt, Base Hospital No. 52
Rimaucourt, Base Hospital No. 59
Savenay, Base Hospital No. 8
Tours, Base Hospital No. 7
Toul, Evacuation Hospital No. 1
Vittel, Base Hospital No. 23
Vertuzey, Base Hospital No. 1
Bazoilles, Base Hospital No. 60

HOSPITALS, DISPENSARIES, AND CONVALESCENT HOMES OF THE AMERICAN RED CROSS CHILDREN'S BUREAU IN FRANCE

Toul:
  Asile Caserne de Luxembourg, an orphanage.
  Children's Hospital.
  Maternity Hospital.
  Dispensary Service:
    Toul.
    Nancy.
    Lunéville.
    Neuve Maison.
    Gerbéviller.
    Épinal.
    Foug.
Dinard:
  Children's colony, dispensary and infirmary.
Damarie-les-Lys, near Melun:
  Children's colony.
Nesle:
  Children's hospital.
  Dispensaries.
Amiens:
  Dispensary and public health nursing service.
Évian-les-Bains:
  Châtelet Hospital for Children.
  Medical examination for every *rapatrié* child entering France.
Lyons:
  Château des Halles, St. Foy l'Argentière, a convalescent home for children, originally a hospital.
  Hospital Violet, for children suffering from contagious diseases.
  Hospital Holtzman, for children suffering from acute diseases.
  La Chaux, an orphanage.
  Child Welfare Exposition.
St. Étienne:
  Dispensary.
  Chautalonette Hospital for Children.
  Child Welfare Exposition.

Marseilles:
Dispensary and milk station.
Temporary children's hospital and preventorium.
Child Welfare Exposition.
Toulouse:
Child Welfare Exposition.
Bordeaux:
Dispensary and visiting nursing.
Child Welfare Exposition.
Blois:
Dispensary and visiting nursing.
Corbeil:
Dispensary and visiting nursing.
Paris:
Levallois Dispensary, 38 rue de Gide.
Grenelle Dispensary, 17 rue de L'Avre.
Censier Dispensary, 20 rue de Censier.
La Courneuve Dispensary, 58 rue de la Convention
Mignottes Dispensary, rues des Solitaires et des Mignottes.
Dispensaire Marie-Lannelongue, 129 rue de Tolbiac.
Edouard Pailleron Dispensary, 9 rue Edouard Pailleron.
Poteau Dispensary, 41 rue de Poteau.
Assistance Publique, 40 rue du Pre-Saint-Gervais.
L'Argonne Dispensary, 21 bis, rue de l'Argonne.
La Jussienne Dispensary, 2 rue de la Jussienne.
Dispensaire des Mathurins, 32 rue des Mathurins.
Patronage—Franco-American pour la Première Enfance, 35 rue Dareau.
Bobigny Dispensary.
Paris: Other institutions:
Hôpital Marie-Hélène, 77 rue Arago.
Bicetre Hospital, 19 rue du Pasteur.
La Pouponnière de Porchefontaine, Versailles.
Rouen:
Dispensary and social service.
Dijon:
Crêche at Camouflage Camp, American Expeditionary Forces.
Dieppe:
Medical examination (staff from Evian-les-Bains) for *rapatrié* children.
Le Glandier:
Contagious hospital and dispensary for Belgian refugee children.
Le Havre:
Dispensary and small children's hospital.

PRINCIPAL HOSPITALS AND DISPENSARIES AIDED OR ESTABLISHED BY THE AMERICAN RED CROSS BUREAU OF REFUGEES IN FRANCE

The British and American Friends' Maternity Hospital, Châlons-sur-Marne.
Hospital for Sick Babies, British and American.
Friends' Surgical Hospital, Sermaize-les-Bains.
Dispensary L'Accueil Franco-American, 12 rue Boissy d'Anglas, Paris.
Refugee Hospital, Beauvais.
Emergency Canteens, various *Gares de Paris.*
St. Sulpice Hospice, Paris.
Hospital and Dispensary, Limoges.
Hospital and Dispensary, Angoulême.
Refugee Dispensaries, two, Valence.

HOSPITALS AND DISPENSARIES OF THE AMERICAN RED CROSS BUREAU OF TUBERCULOSIS IN FRANCE

Tuberculosis pavilions at Bligny, Briis-sous-Forges, near Paris.
Tuberculosis pavilions, *L'Hôpital St. Joseph*, Paris.
Barracks of the *Assistance Publique*, Paris.
L'Hôpital Bénévole 19*bis*, Paris.
Edith Wharton Sanatorium, Yerres.
Asile Ste. Eugénie, Lyons.
Tuberculosis Dispensary, Cours Gambetta, Lyons.
Edward T. Trudeau Sanatorium, at Plessis-Robinson, near Paris.
Women's Tuberculosis Hospital, Blois.
Tuberculosis Dispensary, Blois.

JOINT DISPENSARIES OF THE ROCKEFELLER COMMISSION FOR THE PREVENTION OF TUBERCULOSIS IN FRANCE AND THE AMERICAN RED CROSS

Paris:
Dispensary de l'Argonne, 19th Arrondissement.
Dispensary des Mignottes, 19th Arrondissement.
Dispensary de la Glacière, 13th Arrondissement.
Dispensary des Mathurins.
Department Eure-et-Loir:
Chartres.
Châteaudun.
Dreux.
St. Rémy-sur-Avre.
Nogent-le-Rotrou.

NORTH RUSSIA

American Red Cross Hospital, Archangel, Russia.

ITALY

AMERICAN RED CROSS HOSPITALS

Rimini Refugee Hospital.
Refugee Hospital, Canicattini Bague, Sicily.
American Red Cross Naval Hospital, Genoa.
American Red Cross Hospital, Padua.
American Red Cross Hospital, Rome.
Convalescent Hospital for Tuberculosis Children, Taormina.

AMERICAN RED CROSS DISPENSARIES

Cesanatico.
Bellaria.
Chioggia.
Genoa.
Florence.
Naples.
Avellino.
Villa San Giovanni.
Taormina.

AMERICAN RED CROSS TEACHING CENTERS

Nurses' Center, Milan.
Rome (Course of training for public health visitors).
Genoa " " " " " " "
Florence " " " " " " "
Palermo " " " " " " "

Palestine

AMERICAN RED CROSS HOSPITALS

American Red Cross Surgical Hospital, Jerusalem.
Turkish Municipal Hospital, Jerusalem.
Children's Hospital & Dispensary, Jerusalem.
Tent Hospital, Wadi Surar Refugee Camp.
Infectious Disease Hospital, Jaffa.
American Red Cross Hospital, Ramleh.
American Red Cross Civilian Hospital, Haifa.
American Red Cross Hospital, Acre.
American Red Cross Cholera Hospital, Tiberias.
American Red Cross Hospital and Dispensary, Es Salt.

AMERICAN RED CROSS DISPENSARIES

Carmelite Convent, Mount of Olives.
Franciscan Monastery, Bethany Road.
Bucharlea, Jerusalem District.
Dispensary in connection with the Greek Hospital, Jerusalem District.
Convent of the Holy Cross, Jerusalem District.
Russian Convent, Jerusalem District.
Bishop Gobat's School, Jerusalem District.
David's Tower, Jerusalem District.
Ludd.

Roumania

American Red Cross Hospital, Roman.
American Red Cross Dispensary, Roman.
American Red Cross Dispensary, Jassy.
Child Health and Feeding Units in 1919-1922.

Montenegro

Podgoritza:
American Red Cross hospital, dispensary and public health nursing service.
Niksic:
American Red Cross hospital, dispensary, soup kitchen and public health nursing.
Kolaskin:
American Red Cross dispensary.
Cetinje:
American Red Cross hospital, day nursery, orphanage, public health nursing.

Albania

Scutari:
American Red Cross dispensary, public health nursing and orphanage.
Kroya:
American Red Cross dispensary and public health nursing.
Tirana:
American Red Cross hospital, dispensary, public health nursing, health instruction.

Durazzo:
Public health nursing (to a small extent).
Elbasan:
American Red Cross dispensary and public health nursing.
Kavaja:
Mobile dispensary service.
Koritza:
American Red Cross hospital, dispensary and public health nursing service.

GREECE

Refugee Relief Stations at Tyrnovo-Sieniew, Dedeagatch and Xanthi, Macedonia.
Civilian Relief Stations (nurses assigned there) on Samos, Chios and Mitylene.
Kavala:
American Red Cross dispensary and public health nursing.
Rodolivas:
American Red Cross dispensary and public health nursing.
Prava:
American Red Cross dispensary and public health nursing.
Drama:
American Red Cross dispensary and public health nursing.
Serres:
American Red Cross dispensary and public health nursing.
Athens:
Child welfare clinic, classes for training native health visitors.
Patras:
Child Welfare station.
Crete:
Child Welfare station.

NORTH SERBIA

Kragujavatz:
Sewing rooms and public health nursing.
Cuprya:
American Red Cross hospital, dispensary and public health nursing.
Kraljevo:
American Red Cross dispensary and chain of sewing room at Kraljevo, Milanovatz, Chachak, Terznik and Krushevatz.
Palanka:
Serbian military hospital aided by nurses, other personnel and supplies.
Petrovatz:
American Red Cross hospital (summer only) and dispensary and mobile dispensary service in neighboring villages of Scotonye, Melenica, Pashanatz and Runovitch.
Pozarevatz:
American Red Cross general hospital dispensary, tuberculous hospital and an orphanage.

SOUTH SERBIA

Pirot:
American Red Cross dispensary, public health nursing and distribution of supplies.
Leskovac:
Assignment of nurses and supplies to a Serbian Military Hospital.

Vranja:
Assignment of nurses to the Scottish Women's Hospital Unit, establishment of American Red Cross soup kitchens, sewing rooms and orphanage.
Prizren:
American Red Cross hospital, orphanage and soup kitchen.
Skoplji:
Assignment of nurses to Vardar and Half Moon (Serbian) Military hospitals.
Gostivar:
American Red Cross hospital, dispensary, public health nursing and general relief.
Monastir:
Assignment of nurses to the American Women's Hospital, establishment of American Red Cross sewing rooms and distribution of general relief.
Kavadar:
American Red Cross dispensary, orphanage and general district, tuberculosis and infant welfare nursing service.
Gevgeli:
Public health nursing and public distribution of general relief.

Siberia

American Red Cross Hospitals

Russian Island Hospital, Vladivostok.
Assistance to Fortress Hospital, Vladivostok Harbor.
Assistance to Czech Naval Hospital, Vladivostok.
Vladivostok Refugee Hospital.
Morskoi (British Naval) Hospital, Vladivostok.
Emergency Hospital American Red Cross Barracks No. 7, Vladivostok.
Teaching Center, No. 10 St. Peter the Great Street, Vladivostok.
St. Luke's Hospital, Tokyo, Japan.
Surgical Pavilon, Harbin Military Hospital, Harbin, Manchuria.
Buchaloo Hospital, Manchuria.
Cholera work in Chinese City Hospital and Russian City Hospital, Harbin, Manchuria.
Assistance to Hospital of the Russian Railway Service Corps, Harbin, Manchuria.
Government Immigration Station Hospital, Cheliabinsk.
American Red Cross Hospital, Tumen.
American Red Cross Hospital, Omsk.
American Red Cross Hospital, Tomsk.
Assistance in equipment and supplies to Czech Invalid Hospital, Petropavlosk.
Anti-typhus Disinfecting and Bath Station, Ekaterinburg.
Anti-typhus Hospital, Petropavlosk
American Red Cross Hospital, Novo Nikolanvsk.
American Red Cross Hospital, Irkutsk.
Division No. 2, Russian Military Hospital, Czecho-Slovak Irkutsk, Hospital C.A.R.C., Irkutsk.
Military City Hospital, near Irkutsk.
American Red Cross hospital and dispensary, Verkhne-Udinsk.
Provost Guard Hospital Verkhne Udinsk.
Emergency Typhus Hospital, Verkhne-Udinsk.

DISPENSARIES AND DENTAL CLINICS

Railroad Dispensary, Irkutsk.
Emergency Dressing Car, Railroad Station, Irkutsk.
Dental Clinic, Ekaterinburg.
Dental Clinic, Cheliabinsk.

MISCELLANEOUS

Hospital train built and supplied by American Red Cross for Czecho-Slovak Army, 12 cars.
Complete Anti-Typhus train built and supplied by American Red Cross for Allied Expeditionary Force.
Five relief trains sent out to middle and western Siberia, average value of relief and medical supplies and equipment, $450,000.
Supplies of hospital equipment, surgical dressings, drugs and instruments to Russian and Czech hospitals at Tumen, Ekaterinburg, Cheliabinsk, Taigar, Omsk, Nikolsk and Vladivostok.
Children's Colony, Russian Island, Vladivostok Harbor.

AMERICAN RED CROSS CHILD HEALTH UNITS

January–April, 1922

(564 ambulatoria and milk stations established; 68 local hospitals aided.)

Albania

Durazzo
Scutari
Tirana

Austria

Amsteltin
Badeno
Bischofshofen
Brixlegg
Bruck
Brunnau
D. Landsberg
Ebensee
Eggenberg
Feld Kirchen
Freistadt
Frohnleiten
Gmunden
Gras Furstenfeld (4 stations)
Hallein
Hall Innsbruck (2 stations)
Itzling-Gniol
Judenburg
Kirchdorf
Kitzbunel
Klagenfurt (2 stations)
Kleinmunchen
Krems
Landeck
Leibnitz
Leoben
Leising
Linz (2 stations)
Mistelback
Murau
Murzzuschlag
Neunkirchen
Okufstem
Reid
Reutte
Rottenman
Saalfelden
Salzburg
Scharding
Spittal
Stanis
Steyr
Stockirau
St. Polten
St. Veit
Vienna (41 stations)
Villach
Voitsberg
Wells
Weiz
Wiener Neustadt
Wolfsberg

Czecho-Slovakia

Ash
Ban Bystrica
Beregsas
Bratislava
Brno
Budejovice
Dvur Kralove
Hodonin
Jihlava
Kosire
Liberec
Moravska Ostrava
Most
Munkacevo (with 2 rural branches)
Otomouc
Oziskov
Pardubice
Plzen
Prague
Pribram (with 2 rural branches)
Susice (with 2 rural branches)

Greece

Athens (6 stations)

Salonika (in and about Salonika, 7 stations)

Hungary

Baja
Balassagyarmat
Bekescsaba
Budapest (21 stations)
Debrecze
Eger
Esztfrgom
Gyula
Gyor
Hodmezovasarhely
Jaszbereny
Kaposvar
Kecskemet
Kiskunfelegyhaza
Mako
Miskolcz
Nagykanizsa
Nyiregyhaza
Papa
Pecs
Satoraljaujheli
Szeged
Szegled
Szeklsfehervar
Szekszar
Szolnok
Szomtalhely
Ujpes
Veszprem
Zalaegerszec

Montenegro

Cetinje (since January 1, 1922, maintained by local doctors)
Kolashin (since March 1, 1922, maintained by a local doctor)
Niksic
Podgoritza (one local health station formed in March, 1922, being a combination of American Red Cross and two local organizations. On March 31, transferred entirely to local authorities)
Vir-Pazar (since January 1, 1922, running under local doctors)

Poland

Alexandrow (near Torun), 1 ambulatorium.
Alexandrow (near Sciers), 1 ambulatorium.
Augustow, 1 ambulatorium and a hospital aided.
Baranowicze, 2 ambulatoria, a milk station and a hospital aided.
Bedzin, 1 ambulatorium and a milk station.
Biala (near Warsaw), 1 ambulatorium.
Biala (near Krakow), 1 ambulatorium and milk station.
Bielsk, 2 ambulatoria.
Blaszki, 1 ambulatorium.
Bobkra, 1 ambulatorium and a hospital aided.
Borszozow, 1 ambulatorium and a hospital aided.
Brodnica, 1 ambulatorium and a milk station.
Brody, 1 ambulatorium and a milk station.
Brzesc-Litewiski, 1 ambulatorium and a milk station.

Brzezany (near Lwow), 1 ambulatorium.
Brzeziny (near Warsaw), 1 ambulatorium, a milk station and a hospital aided.
Bydgoszcz, 2 ambulatoria, a milk station and a hospital aided.
Chajny, 1 ambulatorium, a milk station and a hospital aided.
Chelm, 1 ambulatorium, a milk station and a hospital aided.
Chelmno, 1 ambulatorium and a milk station.
Chodziez, a hospital aided.
Chrzanow, 1 ambulatorium and a milk station.
Ciechanow, 1 ambulatorium and a hospital aided.
Cieszyn, 1 ambulatorium.
Crodno, 1 ambulatorium and a hospital aided.
Czeladz, 1 ambulatorium and a milk station.
Czestrochowa, 1 ambulatorium, a milk station and a hospital aided.
Czortkow, 1 ambulatorium.
Dabrowa, 1 ambulatorium.
Dawidgrodek, 2 ambulatoria.
Domaczewo, 1 ambulatorium.
Elogzow, 1 ambulatorium and a milk station.
Garwolin, 1 ambulatorium.
Gostynin, 1 ambulatorium and a milk station.
Grajewo, 1 ambulatorium.
Grodekjac, 1 ambulatorium and a hospital aided.
Grudziadz, 1 ambulatorium and a milk station.
Halicz, 1 ambulatorium.
Jaroslaw, 1 ambulatorium, a milk station and a hospital aided.
Jaworow, 1 ambulatorium and 2 hospitals aided.
Kalisz, 1 ambulatorium and a milk station.
Kalusz, 1 ambulatorium and a milk station.
Kielce, 1 ambulatorium, a milk station and a hospital aided.
Kolo, 1 ambulatorium.
Kolomyja, 1 ambulatorium and a milk station.
Konstanty, 1 ambulatorium.
Kovel, 1 ambulatorium and a milk station.
Korzec, 1 ambulatorium.
Krakow, 4 ambulatoria, a milk station and a hospital aided.
Krasnostaw, 1 ambulatorium.
Krokowiec, a hospital aided.
Krzemieniec, 1 ambulatorium and a hospital aided.
Kutno, 1 ambulatorium and a milk station.
Lenino, 1 ambulatorium and a hospital aided.
Leczyca, 1 ambulatorium, a milk station and a hospital aided.
Lida, 2 ambulatoria.
Lodz, 3 ambulatoria and 6 milk stations.
Lomza, 2 ambulatoria, a milk station, and a hospital aided.
Lublin, 2 ambulatoria, a milk station and 2 hospitals aided.
Luboml, 1 ambulatorium.
Luck, 1 ambulatorium and a milk station.
Luniniec, 1 ambulatorium.
Lwow, 2 ambulatoria, a milk station and 2 hospitals aided.
Miedzyrzec, 1 ambulatorium.
Mikdlajow, 1 ambulatorium.
Minsk-Mazowiecki, 1 ambulatorium and a milk station.
Mlawa, 1 ambulatorium and a hospital aided.
Nieswiez, 1 ambulatorium and a hospital aided.
Novogrodek, 1 ambulatorium, a milk station and a hospital aided.
Nowy Sacz, 1 ambulatorium and a milk station.

Nowy Targ, 1 ambulatorium, a milk station and a hospital aided.
Olyka, 1 ambulatorium.
Opatowek, 2 ambulatoria.
Ostrow, 1 ambulatorium, a milk station and a hospital aided.
Oltynia, 1 ambulatorium.
Pabianice, 1 ambulatorium.
Peczenizym, 1 ambulatorium and a hospital aided.
Piotrkow, 1 ambulatorium and 2 milk stations.
Pinsk, 1 ambulatorium, a milk station and 2 hospitals aided.
Plock, 3 ambulatoria, a milk station and a hospital aided.
Plonsk, 1 ambulatorium and a milk station.
Podhaice, 1 ambulatorium and a hospital aided.
Poznan, 3 ambulatoria.
Pruzany, 1 ambulatorium and a hospital aided.
Przasnysz, 1 ambulatorium and a hospital aided.
Przemorsk, 2 ambulatoria.
Przemuslany, 1 ambulatorium.
Przemysl, 1 ambulatorium and a milk station.
Pulawy, 1 ambulatorium.
Pultusk, 1 ambulatorium and a hospital aided.
Radom, 1 ambulatorium, a milk station and a hospital aided.
Rawa Ruska, 1 ambulatorium.
Rosyszoze, 1 ambulatorium.
Rowne, 1 ambulatorium and a milk station.
Rzeszow, 1 ambulatorium, a milk station and 2 hospitals aided.
Rzgow, 1 ambulatorium.
Rypin, 1 ambulatorium and a milk station.
Sambor, 2 ambulatoria and a milk station.
Sandomierz, a hospital aided.
Sarny, 1 ambulatorium and a hospital aided.
Sejny, 1 ambulatorium and a hospital aided.
Siedlce, 2 ambulatoria and a hospital aided.
Sierpc, 1 ambulatorium and a milk station.
Skierniewice, 1 ambulatorium and a milk station.
Slonim, 1 ambulatorium.
Sochaczew, a hospital aided.
Sosnowice, 1 ambulatorium, a milk station and a hospital aided.
Stawiszyn, 1 ambulatorium.
St. Kol. Bialowieza, 1 ambulatorium.
Stolbce, 1 ambulatorium and a hospital aided.
Stolin, 1 ambulatorium.
Stryj, 1 ambulatorium and a milk station.
Strykow, 1 ambulatorium.
Sukjowek, 1 ambulatorium.
Swieciany, 1 ambulatorium.
Szczuczyn, 1 ambulatorium.
Szierz, 1 ambulatorium, a milk station and 2 hospitals aided.
Tarnobrzeg, 1 ambulatorium.
Tarnopol, 3 ambulatoria, a milk station and a hospital aided.
Tarnow, 1 ambulatorium, a milk station and a hospital aided.
Tczew, 1 ambulatorium and a hospital aided.
Telechany, 1 ambulatorium and a hospital aided.
Tlumacz, 1 ambulatorium.
Tomaszow, 1 ambulatorium and a milk station.
Torun, 1 ambulatorium and a milk station.
Tuszyn, 1 ambulatorium.
Wagrowiec, a hospital aided.

Warsaw, 6 ambulatoria, 8 milk stations and 2 hospitals aided.
Wegrow, 1 ambulatorium.
Wieleczka, 1 ambulatorium.
Wielun, 1 ambulatorium and a hospital aided.
Wilno, 3 ambulatoria, 2 milk stations and 3 hospitals aided.
Wloclawek, 1 ambulatorium and a milk station.
Wlodzimierz Wolynski, 1 ambulatorium, a milk station and a hospital aided.
Wolomin, a hospital aided.
Zakopane, 2 ambulatoria and a hospital aided.
Zbaraz, 1 ambulatorium.
Zdunska-Wola, 1 ambulatorium and a milk station.
Zolkiev, 1 ambulatorium.
Zydaczow, 2 ambulatoria, a milk station and a hospital.

Serbia

Alelexandrovatz
Bajna Bashta
Belgrade
Blace
Chiliegovatz
Kosjerici
Krupanj
Lazarevac
Pozega
Razanj
Trstenik

West Russia and Baltic States

December, 1921–April, 1922

ESTHONIA

Arensburg (Kuresaare)
Azeri
Baltisch-Port
Dorpat (Tartu), 3 stations
Harku
Johvi
Kamarovka
Keila
Kose
Kullamaa
Kunda
Kuresaar
Lihula
Loksal
Luganuse
Mois
Muraste
Narva, 3 stations
Nomme
Paide
Pernau, 3 stations
Petseri
Pihla
Rakvere
Rapiva
Reval, 4 stations
Riisipere
Sindi
Slobodka
Sunr Miltsi
Tapa
Torgu
Vairara District
Warbla
Wigala
Wilijandi (Fellin)
Woru
Wrangelstein

LATVIA

Aiskraukle
Allasch
Birsche
Boldera
Chaussee
Dignaja
Dvinsk, 3 stations
Eglaine
Friedrichstadt
Goldingen
Griva
Hasenpoth
Jacobstadt
Jecabmiesta
Kraslawa
Kreslavka
Kreusberg
Libau, 3 stations
Ludsen
Martini
Mazeikiai
Milgrarvis
Mitau
Mitauer
Muhlen
Muhlgraben
Ogre
Plavinas
Puspkin
Reshiza, 2 stations
Riga, 7 stations
Ritter
Rucava
Salas
Schaulen (Shavli)
Serrene
Suntaschi
Talsen
Tomes
Tuckum
Wendau
Wenden

LITHUANIA

Alexota
Alytos
Ambulatory No. 7
Kermolitis
Kozeikai
Kovno, 4 stations
Mazeikai
Meriampol
Schaulen
Slaboda
Vilkoviski
Wilkowischi

American Red Cross Nurses Cited and Decorated During the European War *

Aaron, Marjorie	Medaille d'Honneur des Epidemies, French
Addison, Sara	Medal of Military Merit, Greek
Allison, Grace E.	Royal Red Cross, 1st Class, British
Allison, Ruth Hovey (Mrs.)	Croix de Guerre, bronze star, French
Anderson, Anna W.	Red Cross (silver medal), Serbian Cross of Mercy, Serbian
Anderson, Lyda W.	Austrian Red Cross
Armstrong, Grace E.	Medaille d'Honneur des Epidemies (bronze)
Arnold, Elizabeth	Medaille d'Honneur des Epidemies, French
Arvin, Mary W.	Royal Red Cross, 2nd class, British
Ashe, Elizabeth	Union des Femmes de France (gold medal) Medaille d'Honneur des Epidemies (silver)
Bailey, Helen	Cross of Mercy, Serbian
Baker, Aurel	Medaille d'Honneur des Epidemies

* From newspaper clippings and correspondence, a list of nurses who have been cited and decorated during the European War was made out and questionnaires sent to each nurse. This Honor Roll was then compiled from the returned questionnaires, but the editors of this History cannot guarantee that this list contains the names of all American Red Cross nurses cited and decorated. E. P.

Baker, Bessie	Medaille d'Honneur des Epidemies (silver)
Baker, Katherine Volk	Silver Red Cross Medal, Hungary
Balen, Anna	Royal Red Cross, 2nd class, British
Bartlett, Kathryn	Gold Cross of St. Anne, Russian
Bauer, Caroline	Red Cross Medal, 3rd class, German
Bedell, Ruth E	Medaille d'Honneur des Epidemies
Beers, Amy	Medaille d'Honneur des Epidemies (silver)
Bender, Lulu G	Cross of Mercy, Serbian
Bentley, Grace	Red Cross Silver Medal, Austrian
Berry, Nettie Josephine	Royal Red Cross, 2nd class, British
Beulshausen, Mary	Cross of Mercy, Montenegrin
Bigelow, Helen	Medaille d'Honneur des Epidemies (silver)
Blackstone, Eleanor	Red Cross, Serbian
Bogart, Eugenia	Cross of Mercy, Serbian
Bonneson, Harriet M	Cross of Mercy, Serbian
Borg, Ida A	Medaille d'Honneur des Epidemies
Boyle, Sara Jane	Medaille d'Honneur des Epidemies
Bowen, Mary M	Medaille d'Honneur des Epidemies
Brady, Bernice	Red Cross, Serbian Cross of Mercy, Montenegrin
Brendell, Myrtle L	Medaille d'Honneur des Epidemies
Broaddus, Emma	Medaille d'Honneur des Epidemies
Broussard, Eunice	Croix de Guerre with bronze star
Brownell, Mary A	Regina Maria, Queen Marie of Roumania
Bullard, Florence	Croix de Guerre with bronze star
Burgess, Edith	Red Cross, Serbian Cross of Mercy, Montenegrin
Briggs, Helen May	Royal Red Cross, 2nd class, British
Burcham, Daisy	Royal Red Cross, 2nd class, British
Burky, Florence	Royal Red Cross, 2nd class, British
Butler, Rose Kate	Royal Red Cross, 1st class
Cairns, Helen W	Cross of Mercy, Montenegrin
Camblos, Jacqueline	Medaille d'Honneur des Epidemies
Carothers, Dora C	Medaille d'Honneur des Epidemies
Carruthers, Isabelle	Royal Red Cross, 2nd class, British
Carson, Anne L	Royal Red Cross, 2nd class, British
Cassidy, Rose A	Medaille d'Honneur des Epidemies
Chaney, Emily D	Red Cross, Serbian
Christie, Mrs. Janet B	Royal Red Cross, 1st class, British Citation, U. S. Base Hospital No. 2, January, 1918
Claiborne, Estelle D	Royal Red Cross, 1st class, British Citation by the British
Clark, Susanne	Medaille d'Honneur des Epidemies (silver)
Clay, Josephine A	Palmes Academiques, French
Connelly, Betty Clara	Croix de Guerre, bronze star British Royal Red Cross, 2nd class
Cormier, Bernadette	Medaille d'Honneur des Epidemies (silver)
Corning, Alice	Medaille d'Honneur des Epidemies
Cornwall, Bertha	Croix de Guerre Medaille de la Reconnaissance (French Army)
Cox, Katherine	Order of Elizabeth, Belgian
Cromwell, R. Lee	Medaille de la Reine (with cross), Belgian Cross of St. Anne, Russian
Crosley, Sara W	Cross of Mercy, Serbian
Cuppaidge, Constance	Royal Red Cross, 2nd class, British

Dennison, Faith	Red Cross, Serbian
	Order of St. Sava (Class V), Serbian
Delano, Jane A.	Distinguished Service Medal, United States, posthumously awarded
	Distinguished Service Medal (gold)
	American Red Cross, posthumously awarded
	Medal awarded by the Austrian Government for aid rendered in time of war
	American Red Cross Medal of Merit
	Medal awarded by Pan-American Exposition, 1901
	Medal awarded by American National Red Cross in grateful memory of her devoted and distinguished service, 1908-1919
	Medal awarded by the National Institute of Social Sciences for service of high and inestimable value to her country
	Order of the Japanese Red Cross
	Panama-Pacific Exposition Medal conferred upon Miss Delano as collaborator in the exhibit prepared by the United States Government
DeLozier, Mary M.	Medaille d'Honneur des Epidemies (silver)
Diamond, Mary Anna	Medaille d'Honneur des Epidemies (silver)
Dingley, Nellie	Medaille d'Honneur des Epidemies (Medailles de Vermeil)
Driver, A. Madge	Medaille d'Honneur des Epidemies (silver)
Dunlop, Margaret A.	Royal Red Cross, 1st class, British
	Citation, by Sir Douglas Haig
Dyer, Genevieve E.	War Decoration, 3rd degree, Austrian
Ebbs, Helen Jane	Royal Red Cross, 2nd class, British
Eisenhard, Nettie	Royal Red Cross, 2nd class, British
Ellett, Josephine S.	Regina Maria (Class IIa), Roumanian
Elliott, Mrs. Helen Briggs	Royal Red Cross, 2nd class, British
	Citation, by Sir Douglas Haig
Elwood, Bessie Lydia	Royal Red Cross, 2nd class, British
Emerson, Martha F.	Silver Medal, 1st class, with War Decoration, Hungarian Red Cross
Emsley, Lydia Evangeline	Royal Red Cross
Engel, Mrs. Austa White	Royal Red Cross, 2nd class, British
Evans, Isabel Wakeman	Royal Red Cross, 2nd class, British
Evers, Emma Elise	German Red Cross, bronze medal, 3rd class
Ferguson, Edna Allison	Royal Red Cross, 2nd class, British
	British Certificate of Merit
Ferguson, Ida M.	Croix de Guerre, bronze star
	Medaille de la Reconnaissance
Ferries, Eva	Cross of Mercy, Serbian
Finnell, Frances G.	Cross of Mercy, Serbian
	Red Cross (silver), Serbian
Fitzgerald, Alice	Medal of Royal Red Cross, British
	Italian Decoration
	Florence Nightingale Medal
Foerster, Alma	International Red Cross
	St. Anne's Medal, Russian
Folkemer, Elizabeth M.	Royal Red Cross, 1st class, British Citation
Francis, Mary L.	Medaille d'Honneur des Epidemies (silver)

Francy, Luella	Cross of Mercy, Serbian Red Cross (silver), Serbian
Frasius, Ruth	Red Cross Medal Citation, Germany
Frederick, Le Rue	Royal Red Cross, 2nd class, British
Gardner, Agnes J	Medaille d'Honneur des Epidemies (silver)
Gavin, Mary C	Medaille d'Honneur des Epidemies (silver)
Gerhard, Eva	Royal Red Cross, 2nd class, British
Gerrard, Gertrude M	Royal Red Cross, 2nd class, British Citation, by Sir Douglas Haig
Gibson, Matilda M	Croix de Guerre, bronze star Citation, signed by General Petain
Gilborne, Alice	Regina Maria, 3rd class (Queen of Roumania)
Giles, Bertrice	Red Cross (silver), Serbian Cross of Mercy, Serbian
Gilliland, Inez	Cross of Mercy, Serbian
Gladwin, Mary E	Florence Nightingale Medal International Red Cross
Glauber, Marie C	Medal of Military Merit, Greek, 4th class
Gould, Elspeth Anna	Royal Red Cross, 2nd class, British
Hadsall, Edith L	Medaille d'Honneur des Epidemies (silver)
Hagadorn, Alice	Medaille d'Honneur des Epidemies (silver)
Haile, Elizabeth	Cross of Mercy, Serbian
Hall, Carrie M	Royal Red Cross, 1st class, British Citation, by Sir Douglas Haig
Hamilton, Olivia E	Medaille d'Honneur des Epidemies (silver) Cross of Mercy, Montenegrin
Hanchette, Lou S	Medaille d'Honneur des Epidemies (silver)
Harold, Mary R	Royal Red Cross, 2nd class, British
Hartwell, Jennie V	Medaille d'Honneur des Epidemies (silver)
Hartz, Alma Elizabeth	Medal of Military Merit, 4th class, Greek Cross of Mercy, Montenegrin
Havey, Malinde	Royal Red Cross, 1st class, British
Hasson, Esther Voorhees	Medaille d'Honneur des Epidemies
Haviland, Sybella	Cross of Mercy, Serbian
Hay, Helen Scott	Florence Nightingale Medal International Red Cross Regina Maria (Class IIa), Roumanian
Hayes, Myrtle Elizabeth	Royal Red Cross, 2nd class, British
Heath, Maud	Cross of Mercy, Serbian
Henry, Ethel	Medaille d'Honneur des Epidemies
Hill, Ada	Medaille d'Honneur des Epidemies Royal Red Cross, 2nd class, British
Hoagland, Jennie P	Medaille d'Honneur des Epidemies, bronze
Holmes, Katharine W	Queen Maria Cross, Roumania
Horn, Matilda H	Croix de Guerre
Horner, Blanche	Medaille d'Honneur des Epidemies
Izen, Clara J	Medaille d'Honneur des Epidemies
Jaffray, Madeleine F	Croix de Guerre "Insigne en Bronze," French
James, Agnes F	Medaille d'Honneur des Epidemies (silver)
Jeffrey, Lucy W	Medaille d'Honneur des Epidemies
Jeffery, Jane	Distinguished Service Cross, American
Jessup, Elsie	Cross of Mercy, Montenegrin
Johnson, Florence M	Florence Nightingale Medal, International Red Cross

Johnson, Helen	Union des Femmes de France (silver)
Johnson, Lena Margaret	Cross of Mercy, Montenegrin
Johnson, Lillian	Croix de Guerre with bronze star
Johnston, Margaret W.	Red Cross (silver), Serbian Cross of Mercy, Serbian
Jordan, Pauline	Regina Maria, Roumanian
Jorgensen, Sigrid	Croix de Guerre with gold star
Kacena, Blanche	Medal of Military Merit, Greek
Kehoe, Frances M.	Medaille d'Honneur des Epidemies (silver)
Kennedy, Mary	Royal Red Cross, 2nd class, British
Kerrigan, Helen	Palmes Academiques, French
Kiel, Sophia V.	St. Anne's Silver Medal, Russian St. Anne's Gold Medal, Russian Queen Elizabeth Medal, Red Cross, Belgian
Kipp, Lorraine	Red Cross (silver), Serbian Cross of Mercy, Serbian
Kirk, Mrs. Emily Holland	Medaille d'Honneur des Epidemies (silver)
Knapp, Grace M.	Medaille d'Honneur des Epidemies (silver)
Kochert, W. Louise	Silver Medal of Honor, with War Decoration, Austrian Red Cross
Krans, Ella M.	Medaille d'Honneur des Epidemies (silver)
Kreigh, Laura L.	Cross of Mercy, Serbian
Lauridsen, Karen	Medaille d'Honneur des Epidemies (silver)
Leete, Harriet L.	Red Cross, Serbian
Lester, Minnie A.	Royal Red Cross, 2nd class, British
Lewis, Lydia	Royal Red Cross, 2nd class, British
Lewis, Mary Elizabeth	Royal Red Cross, 2nd class, British
Lister, Hannah	Croix de Guerre, bronze star
Lombard, Arabella A.	Medaille d'Honneur des Epidemies (silver)
Loughran, Nellie	Medaille d'Honneur des Epidemies (silver)
Lyon, Elizabeth C.	Royal Red Cross, 2nd class, British
McCarron, Sarah	Red Cross, Serbian Cross of Mercy, Serbian
McClelland, Helen Grace	Distinguished Service Cross, American Royal Red Cross, 1st class, British Citation, by Sir Douglas Haig.
McCloskey, Louise Helenne	Royal Red Cross, British
MacDonald, Beatrice M.	Distinguished Service Cross, American Croix de Guerre, bronze star Royal Red Cross, 2nd class, British British Military Medal
MacDonald, Irene	Cross of Mercy, Serbian
McDowell, Marie L.	Red Cross, Serbian Order of St. Sava (Class V), Serbian
Macfadden, Kate	Red Cross Medal, Serbian Medal of Mercy, Serbian
McGee, Mary Gertrude	Medaille d'Honneur des Epidemies (silver)
MacGillivray, Edith	Royal Red Cross, 2nd class, British
MacGregor, Flora	Medaille d'Honneur des Epidemies (silver)
McGuire, Margaret C.	Red Cross Medal, 2nd class, Hungarian
McKernan, Inza G.	Medaille d'Honneur des Epidemies (silver)
McKnight, Lillian S.	Royal Red Cross, British
McKee, Inez	Royal Red Cross, 2nd class, British
McLannan, Vera	Royal Red Cross, 2nd class, British
McLaughlin, Emily	Royal Red Cross, 1st class, British
McManigill, Ella J.	Croix de Guerre, bronze star, French
MacNeal, Jane C.	Royal Red Cross, 2nd class, British

MacNulty, Carolyn	Croix de Guerre, bronze star, French
Martin, Florence J.	Medaille d'Honneur des Epidemies (silver)
Martin, Isabelle	Military Degree, 4th class, Greek
Mauffray, Helena	Medaille d'Honneur des Epidemies
Meirs, Linda K.	Florence Nightingale Medal International Red Cross Croix de Guerre, bronze star
Metcalf, Mrs. Maud H.	Cross of St. Anne, Russian Cross of Mercy, Serbian Cross of St. Sava, Serbian
Miller, Elsie L.	Royal Red Cross, 2nd class, British
Miller, Mrs. Lena B.	Royal Red Cross, 2nd class, British
Minnigerode, Lucy	Gold Cross of St. Anne, Russian
Mitchell, Elizabeth	Cross of Mercy, Montenegrin
Monroe, Edith	Medaille d'Honneur des Epidemies
Morrison, Edna M.	Medaille d'Honneur des Epidemies (silver)
Morton, Ruth	Royal Red Cross, 2nd class, British Croix de Guerre, bronze star
Nelson, Mabel V.	Red Cross, Serbian Cross of Mercy, Montenegrin
Nelson, Mary K.	Palmes Academiques
Nicholson, Ann Estella	Royal Red Cross, 2nd class, British
Norwich, Margaret	Cross of Mercy, Serbian
Noyes, Clara Dutton	Medal awarded by the National Institute of Social Sciences
Nye, Sylvene A.	Croix de Guerre, gilt star
Obear, Evelyn E.	Regina Maria (Class IIa), Roumanian
O'Brien, Agnes V.	Royal Red Cross, 2nd class, British
O'Hara, Anne M.	Cross of Mercy, Serbian
O'Leary, Margaret	Regina Maria (Class IIa), Roumanian
Olsen, Lydia Josephine	Medaille d'Honneur des Epidemies (silver)
O'Neill, Mrs. Mary Agnes	Cross of Mercy, Serbian
Parmelee, Eva Jean	Royal Red Cross, 2nd class, British Military Medal, British
Parrish, Minnie	Cross of Mercy, Montenegrin
Parsons, Marion G.	Royal Red Cross, 1st class, British
Patmore, Amy F.	Medaille d'Honneur des Epidemies
Patterson, Florence M.	Regina Maria Cross, Roumanian Medaille d'Honneur des Epidemies (silver) Decorated by the Japanese Red Cross with a Florence Nightingale medal, this being a special medal of that organization and not to be confused with the Florence Nightingale Medal of the International Red Cross
Perry, Edith V.	Medaille d'Honneur des Epidemies (silver)
Perry, Jennie E.	Croix de Guerre, bronze star
Peterson, Hanna S.	Royal Red Cross, 2nd class, British
Phillips, Mrs. Julia S.	Order of St. Sava (Class V), Serbian
Phillips, Lawrie L.	Royal Red Cross, 1st class, British Medaille d'Honneur des Epidemies (silver)
Porter, Emily	Medal of Military Merit, Greek
Potts, Susan D.	Cross of Mercy, Serbian
Powers, Margaret M.	Royal Red Cross, 2nd class, British
Proctor, Elizabeth	Red Cross (silver), Serbian Cross of Mercy, Serbian
Quammen, Sena M.	Red Cross (silver), Serbian Cross of Mercy, Serbian

Quinsler, Mrs. Edna McCoughlin	Distinguished Service Medal, American
Radcliff, Lillian	Medaille d'Honneur des Epidemies Croix de Guerre, gilt star
Ranney, Susan	Regina Maria (Class IIa), Roumanian
Reid, Agnes	Medaille d'Honneur des Epidemies (silver)
Rice, Marion M.	Palmes Academiques
Richardson, Agnes H.	Croix de Guerre, bronze star
Ricker, Frances E.	Medaille d'Honneur des Epidemies (silver)
Ricketts, Mary H.	Cross of Mercy, Serbian
Reynolds, Clara P.	Red Cross Honor Medal, Austrian
Robbins, Emma G.	Red Cross, Serbian
Robertson, Katharine M.	Regina Maria (Class IIa), Roumanian
Robertson, Ruth I.	Medaille d'Honneur des Epidemies (silver)
Roche, Mary Jane	Royal Red Cross, 2nd class, British
Rogers, Emma Hart	Cross of Mercy, Serbian
Rose, Esther M.	Cross of Mercy, Serbian
Ross, Marion J.	Cross of Mercy, Serbian Red Cross (silver), Serbian
Ross, Mary B.	Cross of Mercy, Serbian
Rowe, Anna E.	Cross of Mercy, Serbian Red Cross (silver), Serbian
Russell, Martha M.	Florence Nightingale Medal International Red Cross
Ryan, Lulu B.	Medaille d'Honneur des Epidemies (silver)
Ryan, Winifred M.	Red Cross (silver), Serbian Cross of Mercy, Serbian
Sahol, Elina P.	Croix de Guerre, bronze star
St. John, Mrs. Jane Rignel	Croix de Guerre, bronze star Royal Red Cross, 2nd class, British
Sands, Tyldesley L.	Royal Red Cross, 2nd class, British
Schmitt, Dolly Belle	Royal Red Cross, 2nd class, British
Schortield, Minnie	Royal Red Cross, 2nd class, British
Scott, Eleanor M.	Royal Red Cross, 1st class, British
Serafini, Olive E.	Royal Red Cross, 2nd class, British
Sharpe, Anna M.	Croix de Guerre, bronze star
Siegel, Louisa E.	German Medal
Smith, Alice O.	Croix de Guerre, bronze star
Smith, Molly Bawn	Red Cross (silver), Serbian Cross of Mercy, Serbian
Spencer, Ruth Helen	Royal Red Cross, 1st class, British
Snow, Mary L.	Cross of Mercy, Serbian
Stambaugh, J. Isabel	Distinguished Service Cross, American Royal Red Cross, 2nd class, British
Stephenson, Mary E.	Royal Red Cross, 2nd class, British
Stimson, Julia C.	Distinguished Service Medal, American Royal Red Cross, 1st class, British Medaille de la Reconnaissance (French Army) Citation, by Sir Douglas Haig
Strub, Ann	Medaille d'Honneur des Epidemies (silver)
Swayse, Ellie M.	Cross of Mercy, Serbian
Taft, Nora	Medaille d'Honneur des Epidemies
Tarr, Rebecca Josephine	Medaille d'Honneur des Epidemies (bronze)
Taylor, Mance	Royal Red Cross, 1st class, British
Taylor, Phoebe F.	Croix de Guerre (bronze star)
Thomas, Ellen J.	German Red Cross, 2nd class, Nurse Order

Thompson, Dora E.	Distinguished Service Medal, American Companion of British Empire
Thompson, Sarah R.	Croix de Guerre
Tibbells, Ursula	Cross of Mercy, Serbian
Tittman, Anna L.	Gold Medal on the Ribbon of St. Anne, Russian
Todd, Louise M.	Croix de Guerre, bronze star
Torrance, Rachel C.	Regina Maria (Class IIa), Roumanian
Turner, Lila B.	Croix de Guerre, gilt star
Tymon, Margaret	Medal of Military Merit, Greek
Urch, Daisy D.	Royal Red Cross, 1st class, British
Vuagniaux, Emily	Croix de Guerre, bronze star
Walkinshaw, Arvilla	Royal Red Cross, 2nd class, British
Wallace, Olive S.	Royal Red Cross, 2nd class, British
Warwick, Bessie Mae	Medaille d'Honneur des Epidemies
Watkins, Jeannette	Medaille d'Honneur des Epidemies
Watson, Helen R.	Cross of Mercy, Montenegrin
Watson, Isabel	Medaille d'Honneur des Epidemies
Weir, Ruth	Regina Maria (Class IIa), Roumanian
Whedon, Rhobie	Cross of Mercy, Serbian
Wilcox, Mabel	Order of Elizabeth, Belgium
Wilday, Grace	German Red Cross Medal, 3rd class
Wilkins, Maud	Medaille d'Honneur des Epidemies
Williams, Kathryn	Cross of Mercy, Serbian
Williamson, Mildred	Red Cross (silver), Serbian
Wilsey, Marrietta	Order of St. Sava (Class V), Serbian
Wilson, Eleanor	Cross of Mercy, Serbian
Wiltzius, Henrietta	Cross of Mercy, Montenegrin Red Cross, 1st Order, Serbian
Wood, Edith L.	Cross of Mercy, Serbian
Worley, Pearl M.	Medaille d'Honneur des Epidemies

AMERICAN RED CROSS NURSES WHO DIED IN WAR SERVICE OR AS A RESULT OF DISABILITY CONTRACTED THEREIN

War Service—April 6, 1917, to November 11, 1919

Nurse	*Date of Death*	*Place of Death*
Allen, Phoebe	Oct. 23, 1918	Ft. Slocum, N. Y.
Amundson, Esther	Oct. 20, 1918	Base Hospital No. 35, A. E. F.
Anderson, Nora Emelie	Jan. 16, 1919	Base Hospital No. 68, A. E. F.
Athay, Florence	Nov. 12, 1918	Base Hospital No. 67, A. E. F.
Aubert, Lillian	Oct. 6, 1918	Walter Reed Gen. Hospital, Washington, D. C.
Ayres, Mrs. Edith	May 20, 1917	On board S.S. *Mongolia*, Base Hospital, No. 12
Babcock, Hazel E.	March 12, 1919	Camp Hospital No. 33, A. E. F.
Bailey, Margaret S.	Oct. 16, 1918	Hospital Train No. 58, A. E. F.
Baird, Laura A.	Oct. 16, 1918	Camp Merritt, N. J.
Baldwin, Jessie P.	Feb. 6, 1919	Evacuation Hospital No. 4, A. E. F., Coblenz, Germany
Bartlett, Frances	Oct. 27, 1918	Base Hospital No. 115, A. E. F., Vichy, France
Becker, Edith G.	Dec. 21, 1918	Ft. Benjamin, Harrison, Ind.
Bellman, Jeanette	Nov. 12, 1918	Base Hospital No. 18, A. E. F.
Berry, May	Dec. 30, 1917	Base Hospital No. 32, A. E. F., France
Bishop, Amy L.	Oct. 15, 1918	Ft. Riley, Kans.
Bradfield, Edith	May 5, 1918	Ft. Sill, Okla.
Bradley, Laura Belle	Oct. 24, 1918	Camp Dodge, Iowa
Brandon, Hazel	Oct. 30, 1918	Camp Kearney, Cal.
Breen, Anne M. C.	Nov. 17, 1918	Base Hospital No. 48, A. E. F.
Brock, Monica	Nov. 29, 1918	St. Elizabeth's Hospital, Washington, D. C.
Buck, Lydia Muriel	Dec. 15, 1918	Ft. Logan Roots, Ark.
Buell, Grace G.	Oct. 8, 1918	Base Hospital No. 58, A. E. F.
Buman, Rose E.	Oct. 13, 1918	Camp Pike, Ark.
Burk, Ethel Marion	Oct. 18, 1918	Camp Fremont, Cal.
Butler, Emma M.	April 8, 1918	Camp Dodge, Iowa
Byrne, Louise E.	Oct. 14, 1918	Gen. Hospital No. 1, New York City.
Byron, Patricia Irene	March 28, 1918	Camp McArthur, Texas
Cairns, Mary Kay	Sept. 20, 1918	Base Hospital No. 54, A. E. F., Brest, France
Campbell, Florence W.	Nov. 18, 1918	While on leave in Nice. Attached Base Hospital No. 9, A. E. F., France
Cardwell, Mary B.	Oct. 4, 1918	San Antonio, Texas

AMERICAN RED CROSS NURSES WHO DIED IN WAR SERVICE OR AS A RESULT OF DISABILITY CONTRACTED THEREIN

Nurse	*Date of Death*	*Place of Death*
Casstevens, Geneva	Oct. 14, 1918	Camp Hospital No. 40, A. E. F.
Casterline, Drusilla Marie	Dec. 31, 1918	Naval Hospital, Mare Island, Cal.
Cattles, Edith June	Oct. 27, 1918	Ft. Douglas, Utah
Cecil, Mrs. Katherine W	April 18, 1918	Camp Wheeler, Ga.
Chandler, Florence	Oct. 13, 1918	Ft. Riley, Kans.
Christenson, Mabel C	Oct. 22, 1918	Camp Lewis, Wash.
Christman, Caroline H	Oct. 6, 1918	Evacuation Hospital No. 6, A. E. F.
Clements, Anna Gertrude	Jan. 31, 1919 (after war)	General Hospital No. 12, North Carolina
Cochran, Cecil J	Oct. 15, 1918	U. S. P. H. S. Hospital, Huntsville, Ala.
Collins, Theresa V	Oct. 7, 1918	Camp Dix, N. J.
Connelly, Katherine R	Oct. 16, 1918	Camp Gordon, Ga.
Coover, Etta	Oct. 16, 1918	Ft. Riley, Kans.
Cosgrove, Anna M	June 1, 1919	U. S. Army Embarkation, Hospital No. 4, New York City
Courtney, Helena J	Oct. 7, 1918	Group "D", A. E. F.
Cox, Charlotte A	Sept. 28, 1918	Base Hospital No. 42, A. E. F.
Cummings, Mary H	Oct. 22, 1918	Ft. Sam Houston, Texas
Cupp, Lillian F	Oct. 7, 1918	Camp Gordon, Ga.
Dahlby, Anna Marie	Nov. 26, 1918	Naval Hospital, Norfolk, Va.
Dalton, Ella	May 25, 1919	Camp Hospital No. 4, A. E. F., Château-Thierry, France
Davis, Cora Belle	Oct. 6, 1918	Camp Gordon, Ga.
Delano, Jane A	April 15, 1919	Savenay, France
Dent, Katherine	June 16, 1918	Base Hospital No. 24, A. E. F.
Dingley, Nellie M	Aug. 28, 1918	Mobile Oper. Unit No. 1, A. E. F.
Dodson, Kate	Jan. 21, 1919	Camp Travis, Texas
Donovan, Helen Frances	Sept. 30, 1918	Camp Dix, N. J.
Dowd, Helen Frances	Jan. 2, 1921	Fitzsimmons General Hospital, Denver, Colo.
Drummond, Henrietta I	Oct. 10, 1918	Neviers, France, A. E. F.
Eastman, Lizzie F	Oct. 14, 1918	Camp Mills, L. I., New York
Eisfeldt, Thelma T	Jan. 26, 1919	Camp Hospital No. 52, A. E. F.
Emery, Mary Frances	May 1, 1919	General Hospital No. 2, Ft. McHenry, Md.
Erickson, Alma M	Oct. 28, 1918	Ft. Logan, Colo.
Erickson, Fannie M	Oct. 6, 1918	Camp Sherman, Ohio
Evans, Maud	Feb. 13, 1919	Base Hospital No. 103, A. E. F.
Fairchild, Helen	Jan. 18, 1918	Base Hospital No. 10, France, A. E. F.

AMERICAN RED CROSS NURSES WHO DIED IN WAR SERVICE OR AS A RESULT OF DISABILITY CONTRACTED THEREIN

Nurse	*Date of Death*	*Place of Death*
Falkinburg, Grace M.	Oct. 6, 1918	Camp Lee, Va.
Farney, Ruth B.	Oct. 22, 1918	Ft. Sam Houston, Texas
Ficken, Magdalene	Oct. 20, 1918	General Hospital No. 1, New York
Fischer, Catherine Marie.	Oct. 13, 1918	Camp Dix, N. J.
Flannery, Bride Mary Agnes.	Sept. 15, 1919	Providence City Hospital, Providence, R. I.
Fletcher, Lucy N.	May 6, 1918	Base Hospital No. 6, A. E. F.
Forrest, Eileen L.	Oct. 9, 1918	Base Hospital No. 60, A. E. F.
Foster, Hazel	Oct. 3, 1918	Camp Mills, L. I., N. Y.
Franklin, Emma M.	Oct. 28, 1918	Camp Cody, N. Mex.
Furr, Alma M.	Aug. 6, 1918	Camp Shelby, Miss.
Galliher, Nellie G.	Oct. 9, 1918	Base Hospital No. 62, A. E. F.
Girvin, Hester Marie.	Oct. 8, 1918	Camp Jackson, S. C.
Golden, Katherine V.	Feb. 13, 1919	Evacuation Hospital No. 2, A. E. F., Coblenz, Germany
Good, Mottie	Sept. 25, 1918	Walter Reed Hospital, Washington, D. C.
Good, Victoria	Oct. 9, 1918	Naval Hospital, N. Y.
Gore, Ora Margaret	March 9, 1918	Camp Travis, Texas
Gorman, Beatrice M.	Oct. 21, 1918	Ft. Sam Houston, Texas
Goshorn, Ethel May	Nov. 28, 1918	Camp Gordon, Ga.
Graham, Florence Beatrice.	May 27, 1919	Camp Hospital No. 4, A. E. F., France
Grant, Myrtle E.	March 10, 1919	U. S. Naval Hospital, Great Lakes, Ill.
Greene, Katheryne E.	Oct. 22, 1918	Base Hospital No. 8, A. E. F.
Grimes, Margaret	Oct. 9, 1918	Camp Lee, Va.
Groves, Elma Irene	Oct. 19, 1918	Group "C", General Hospital No. 9, A. E. F.
Hagadorn, Alice B.	May 25, 1919	Camp Hospital No. 4, A. E. F., Château-Thierry, France
Hankinson, Florence G.	Oct. 25, 1918	Camp Custer, Mich.
Hanley, Edna	Nov. 14, 1918	General Hospital No. 1, New York City
Hardy, Sabra R.	Oct. 4, 1918	Group "E", A. E. F.
Healy, Mary	Oct. 4, 1918	Camp Upton, N. Y.
Hecht, Mrs. Felicita	Feb. 8, 1919	Base Hospital No. 105, A. E. F.
Hertzog, Meda L.	Jan. 5, 1919	Camp McClellan, Ala.
Hidell, Marie L.	Sept. 29, 1918	Naval Hospital, Philadelphia, Pa.
Hill, Elina Wilson	Jan. 2, 1919	Letterman Hospital, San Francisco, Cal.
Hinton, Florence A.	Jan. 20, 1918	Base Hospital No. 12, A. E. F., France
Hoffman, Katherine	Sept. 20, 1918	Medical Department Base Hospital No. 114, A. E. F.

AMERICAN RED CROSS NURSES WHO DIED IN WAR SERVICE OR AS A RESULT OF DISABILITY CONTRACTED THEREIN

Nurse	*Date of Death*	*Place of Death*
Hogan, Agnes	Sept. 17, 1919	Naval Hospital, Washington, D. C.
Hokanson, Edith B.	March 8, 1919	Naval Hospital, Great Lakes, Ill.
Hollenback, Lottie	Jan. 3, 1918	Ft. Riley, Kans.
Hurley, Nell	Oct. 18, 1918	Camp Bowie, Texas
Ireland, Alice A.	Feb. 3, 1918	Base Hospital No. 34, France
Irwin, Katherine P.	June 24, 1918	Evacuation Hospital No. 2, A. E. F.
Jacobs, Gertrude E.	April 22, 1922	St. Joseph's Hospital, Phoenix, Ariz.
Jennings, Lucy Eunice	Sept. 30, 1918	Camp Sherman, Ohio
Jessen, Anna W.	Aug. 22, 1922	New York, N. Y.
Johnson, Inez E.	Jan. 30, 1921	Albany, N. Y.
Jones, Mamie	Dec. 31, 1918	Camp Logan, Texas
Joyce, Kathryne	Sept. 27, 1918	Evacuation Hospital No. 4, A. E. F.
Keirn, Margaret Eleanor	Oct. 13, 1918	Base Hospital No. 58, A. E. F.
Kemper, Anna E.	Sept. 25, 1918	Camp Jackson, S. C.
Kimball, Florence	Oct. 20, 1918	Base Hospital No. 22, A. E. F., France
Kirketerp, Daisy M.	Oct. 20, 1918	U. S. Embarkation Hospital No. 1, Hoboken, N. J.
Klinfelter, Ina E.	Oct. 2, 1918	General Hospital No. 1, New York City
Knapp, Estelle A.	Oct. 7, 1918	Camp Meade, Md.
Knowles, Miriam E.	Nov. 11, 1917	Base Hospital No. 18, A. E. F., France
Kotte, Emma	March 15, 1919	Naval Hospital, Great Lakes, Ill.
Kuhlman, Margaret	Oct. 23, 1918	Camp Sherman, Ohio
Kulp, Harriet L.	Dec. 26, 1918	Camp Hospital No. 12, A. E. F.
Larsen, Anna E.	Oct. 25, 1918	Camp Sherman, Ohio
Larsen, Effie A.	Dec. 14, 1918	Camp Dodge, Iowa
Lea, Alice	Dec. 21, 1918	Naval Hospital, Great Lakes, Ill.
Leach, Ethel O.	Oct. 1, 1918	Edgewood Arsenal, Edgewood, Md.
LeClaire, Florence	Oct. 8, 1918	Camp Devens, Mass.
Ledden, Claire Agnes	May 31, 1919	Base Hospital No. 94, A. E. F., France
Ledford, Ima I.	Oct. 7, 1918	Base Hospital No. 116, A. E. F.
Lee, Elizabeth Frances	Oct. 6, 1918	Base Hospital No. 47, A. E. F.
Lide, Julia	Feb. 24, 1919	Base Hospital No. 17, A. E. F.
Lieb, Marie L.	May 12, 1921	Yonkers, N. Y.

AMERICAN RED CROSS NURSES WHO DIED IN WAR SERVICE OR AS A RESULT OF DISABILITY CONTRACTED THEREIN

Nurse	*Date of Death*	*Place of Death*
Linn, Lois	Oct. 1, 1918	Camp Sherman, Ohio
Lippold, Antoinette W.	Nov. 5, 1918	Base Hospital No. 61, A. E. F.
Lowe, Grace Mabel	Oct. 24, 1918	Ft. McPherson, Ga.
Lundholm, Ruth V.	Oct. 17, 1918	Base Hospital No. 58, A. E. F.
Lundholm, Viola	Oct. 11, 1918	Group "D", A. E. F.
Lynch, Esther R.	Aug. 10, 1920	Temple Baptist Mem. San., Dallas, Texas
Lyon, Gladys Nancy	Dec. 19, 1918	Base Hospital No. 68, A. E. F.
McBride, Nettie Grace	Dec. 23, 1918	American Hospital Tumen, Western Siberia
McCord, Crystal E.	Dec. 18, 1918	Evacuation Hospital No. 1, A. E. F.
MacDonald, Elizabeth L.	Oct. 20, 1918	Base Hospital No. 35, A. E. F.
McDowell, Jessie R.	Oct. 11, 1918	Camp McArthur, Texas
McGrath, Laura O.	Oct. 3, 1918	Camp Grant, Ill.
McGuire, Catherine J.	Oct. 10, 1918	Camp Lee, Va.
McGurty, Catherine	March 19, 1919	Base Hospital No. 54, A. E. F.
McIntosh, Jennie	Oct. 31, 1918	Rock Island Arsenal, Ill.
MacKay, Lillias	Dec. 4, 1918	Edgewood Arsenal, Edgewood, Md.
McKittrick, Marguerite R.	April 19, 1919	Saginaw, Mich.
McMullen, Anna M.	Oct. 6, 1918	Emergency Hospital No. 2, A. E. F.
McNerney, Elizabeth M.	Oct. 29, 1918	Camp Dix, N. J.
Maescher, Ella	Nov. 11, 1918	Base Hospital No. 25, A. E. F.
Malloch, Grace Lee	Jan. 10, 1919	Base Hospital No. 55, A. E. F., Toul, France
Mariner, Jessie B.	Oct. 10, 1918	Camp Hancock, Ga.
Marshall, Harlan	May 18, 1919	General Hospital No. 40, St. Louis, Mo.
Martin, Constance	Sept. 17, 1918	Naval Hospital, Chelsea, Mass.
Martin, Sylvia Elizabeth	Aug. 10, 1921	U. S. P. H. S., Ft. Thomas, Ky.
Mercer, Jane R.	Oct. 9, 1918	Naval Hospital, New York
Metcalf, Elizabeth M.	Oct. 20, 1918	Ft. McPherson, Ga.
Metcalf, Mildred Anna	Oct. 8, 1918	Naval Hospital, Newport, R. I.
Micheau, Grace Bell	Oct. 28, 1918	Base Hospital No. 68, A. E. F.
Miller, Cecelia E.	Oct. 6, 1918	Camp Sherman, Ohio
Millman, Dorothy Beth	Oct. 10, 1918	Base Hospital No. 31, A. E. F.
Minick, Mary E.	Oct. 13, 1918	Camp Devens, Mass.
Moakley, Helen A.	Aug. 22, 1918	Fort Bliss, Texas

AMERICAN RED CROSS NURSES WHO DIED IN WAR SERVICE OR AS A RESULT OF DISABILITY CONTRACTED THEREIN

Nurse	*Date of Death*	*Place of Death*
Moeschen, Frances W.	Sept. 7, 1918	Base Hospital No. 42, A. E. F.
Morrison, Sophia Ellen	Feb. 10, 1919	Minot, N. D.
Morton, Hazel E.	Oct. 28, 1918	Camp Cody, N. Mex.
Moss, Marie Antoinette	Oct. 9, 1918	U. S. Base Hospital, Edgewood, Md.
Munn, Maud Amelia	Dec. 1, 1918	Camp Mills, L. I., New York
Murphy, Alice V.	Oct. 7, 1918	Base Hospital No. 68, A. E. F.
Murphy, Anne M.	Sept. 28, 1918	Camp Lee, Va.
Murphy, Lillian M.	Oct. 10, 1918	Naval Hospital, Hampton Roads, Va.
Murphy, Teresa M.	Nov. 9, 1918	Headquarters Base Section No. 3, S. O. S., A. E. F.
Newkirk, Hattie M.	April 2, 1918	On way to Camp Beauregard, La.
Noring, Ella M.	Oct. 10, 1918	Camp Merritt, N. J.
Norton, Mary	Sept. 28, 1918	Camp Jackson, S. C.
Nurney, Mary C.	Oct. 8, 1918	U. S. Hospital No. 10, Boston, Mass.
O'Brien, Camille Louise	April 18, 1919	Camp Hospital No. 25, A. E. F., France
O'Conner, Carmilite	Feb. 13, 1919	Base Hospital No. 113, A. E. F., Savenay, France
O'Conner, Gertrude	Feb. 9, 1919	Base Hospital No. 7, A. E. F.
O'Connor, Mary E.	Oct. 3, 1918	U. S. Hospital No. 19, Axalia, N. C.
Ophaug, Helga J.	July 1, 1918	Ft. Sheridan, Ill.
Orchard, Helen	March 20, 1918	U. S. Naval Hospital, Charleston, S. C.
Orgren, Clara M.	Oct. 6, 1918	Base Hospital No. 29, A. E. F., London, England
Overend, Marion L.	June 16, 1918	Base Hospital No. 3, A. E. F., France
Owens, Lillie May	Oct. 10, 1918	Camp Lee, Va.
Parr, Margaret I.	Oct. 17, 1918	Camp Grant, Ill.
Parry, Aurora E.	Oct. 7, 1918	Camp Taylor, Ky.
Peck, Garnett Olive	Oct. 6, 1918	Great Lakes Naval Hospital
Pennington, Pearl W.	June 25, 1918	Camp Jackson, Columbia, S. C.
Peoples, Mary L.	Oct. 16, 1918	Naval Hospital, Puget Sound, Wash.
Pepoon, Lucile	Nov. 24, 1918	Base Hospital No. 12, A. E. F.
Perkins, Ettie M.	Oct. 4, 1918	Camp Meade, Md.
Petrie, Evelyn V.	May 26, 1918	Ft. Oglethorpe, Ga.
Phillips, Meryl G.	May 19, 1918	General Hospital No. 1, New York City
Place, Edna E.	Sept. 29, 1918	Naval Hospital, Philadelphia, Pa.
Poole, Frances	Oct. 8, 1918	Fort Ontario, N. Y.

AMERICAN RED CROSS NURSES WHO DIED IN WAR SERVICE OR AS A RESULT OF DISABILITY CONTRACTED THEREIN

Nurse	*Date of Death*	*Place of Death*
Price, Cornelia L.	Oct. 9, 1918	Camp McClellan, Anniston, Ala.
Quigley, Pauline A.	Oct. 18, 1918	Camp Custer, Mich.
Ragan, Mabel A.	Oct. 1, 1918	Base Hospital No. 17, A. E. F.
Raithel, Hattie M.	Nov. 2, 1918	Base Hospital No. 29, A. E. F., London, England
Reed, Inez E.	March 7, 1919	Ft. Riley, Kans.
Regan, Mary Josephine	Oct. 23, 1920	Glockner Sanatorium, Colorado Springs, Colo.
Reveley, Annie Dade	Oct. 18, 1918	Evacuation Hospital No. 4, A. E. F.
Roberts, Annabel S.	Jan. 17, 1918	Base Hospital No. 2, A. E. F., France
Robinson, Genevra	Oct. 22, 1918	Base Hospital No. 68, A. E. F., France
Robinson, Violet E.	Nov. 2, 1918	Gardiner General Hospital, Gardiner, Maine
Rockwell, Vera Marie	Sept. 21, 1918	Naval Hospital, Chelsea, Mass.
Rodgers, Teresa Elizabeth	Oct. 28, 1918	March Field, Riverside, Cal.
Rose, Lovie Lucinda	Oct. 10, 1918	Base Hospital No. 68, A. E. F., England
Royer, Norene M.	Sept. 17, 1918	Base Hospital No. 46, A. E. F.
Russ, Freda	Oct. 21, 1918	Camp Fremont, Cal.
Sage, Helen C.	Oct. 5, 1918	Camp Taylor, Ky.
Sargent, Helen M.	Oct. 20, 1918	Fort Slocum, N. Y.
Sauer, Clara H.	Nov. 14, 1918	Camp Dodge, Iowa
Scheirer, Mary J.	Oct. 6, 1918	Ellis Island, N. Y.
Schonheit, Charlotte	Dec. 6, 1918	Mobile Hospital No. 3, A. E. F., France
Schreiber, Orma A.	Oct. 9, 1918	Base Hospital No. 49, A. E. F.
Schureman, Olive	Oct. 11, 1918	Camp Meade, Md.
Seavey, Ruth	Oct. 16, 1918	Camp Taylor, Ky.
Sebastian, Mrs. Mary McF.	Oct. 23, 1918	National Military Home, Ind.
Seiler, Barbara L.	Oct. 21, 1918	Camp Dodge, Iowa
Seymour, Nina Louise	Oct. 10, 1918	A. R. C. Hospital No. 2, France
Shrope, Lydia D.	July 14, 1917	Ft. Bayard, N. Mex.
Simon, Mrs. Vera Scott	Oct. 19, 1918	Ft. Riley, Kans.
Stenstad, Julia	Nov. 5, 1918	Ft. Snelling, Minn.
Story, Amber R.	Nov. 20, 1918	Drowned in Lake Michigan
Symmes, Kathleen E.	Oct. 4, 1918	Group "D", A. E. F.
Taylor, Eva	Feb. 26, 1919	Camp Sherman, Ohio
Templin, Naomi	Oct. 6, 1918	Ft. Sheridan, Ill.
Thomas, Mary	Oct. 23, 1918	Camp Cody, N. Mex.
Thompson, Alice L.	Oct. 24, 1918	Naval Base Hospital, Scotland

AMERICAN RED CROSS NURSES WHO DIED IN WAR SERVICE OR AS A RESULT OF DISABILITY CONTRACTED THEREIN

Nurse	*Date of Death*	*Place of Death*
Thorsen, Emma J.	Nov. 24, 1918	Camp Dodge, Iowa
Tompkins, Agnes	Jan. 6, 1920	U. S. A. General Hospital No. 28, Ft. Sheridan, Ill.
Trank, Florence M.	Oct. 8, 1918	Base Hospital No. 58, A. E. F.
Travis, Goldie N.	Oct. 6, 1918	Fort Snelling, Minn.
Treichler, Amy	Feb. 14, 1918	Naval Hospital, Charleston, S. C.
Trimble, Marie E.	Sept. 13, 1918	Chelsea, Mass.
Turner, Marion Pearl	Oct. 21, 1918	Naval Hospital, Mare Island, Cal.
Turner, Phyllis M.	Sept. 28, 1918	U. S. General Hospital No. 1, New York
Viberg, Judith S.	Oct. 14, 1918	Camp Lee, Va.
Vietmeier, Ida Henrietta	Jan. 8, 1919	Camp Hospital No. 71, A. E. F., France
Volland, Magdelena M.	Sept. 22, 1918	Base Hospital No. 23, A. E. F., France
Walch, Caroline Rose	Oct. 18, 1918	Camp Travis, Ft. Sam Houston, Texas
Walker, Anna A.	June 15, 1919	Base Hospital No. 55, A. E. F.
Ward, Lillian	Oct. 22, 1918	Camp Greene, N. C.
Ward, Nellie J.	July 12, 1918	Base Hospital No. 15, A. E. F.
Watkins, Gladys	Oct. 16, 1918	Base Hospital No. 56, A. E. F., France
Weigner, Alberta I.	Jan. 20, 1919	Ft. Riley, Kans.
Weimann, Elizabeth H.	Nov. 6, 1918	Base Hospital No. 62, A. E. F.
Weise, Rose	May 20, 1922	Fitzsimmons General Hospital, Denver, Colo.
Wellman, Maybelle	Oct. 15, 1918	General Hospital No. 1, New York
Wells, Matilda F.	Oct. 15, 1918	Camp Eustis, Va.
Welsh, Georgiana Mary	Jan. 29, 1919	Vancouver Barracks, Wash.
Wessel, Dorothy H.	June 4, 1919	St. John's Hospital, Springfield, Ill.
West, Anna Belle F.	Oct. 21, 1919	Walter Reed Hospital, Washington, D. C.
Whalley, Ena M.	Oct. 15, 1920	Fitzsimmons General Hospital, Denver, Colo.
Wheeler, Luella Matilda	Jan. 14, 1919	Camp Hospital No. 12, A. E. F., France
Whiteside, Lydia V.	Oct. 21, 1918	Base Hospital No. 26, A. E. F.
Wiggins, Daisy E.	Oct. 22, 1918	Camp Cody, N. Mex.
Williams, Annie M.	Oct. 15, 1918	Base Hospital No. 19, A. E. F.
Winchester, Edith May	May 17, 1919	Armenia

American Red Cross Nurses Who Died in War Service or as a Result of Disability Contracted Therein

Nurse	*Date of Death*	*Place of Death*
Wood, Helen Burnett	May 20, 1917	On board S.S. *Mongolia* en route to France
Worth, Margaret W.	Oct. 23, 1918	Base Hospital No. 48, A. E. F., France
Wright, Mayme L.	Oct. 5, 1918	Camp Grant, Ill.
Young, Alice M.	Oct. 4, 1918	Camp Sevier, S. C.
Young, Florence M.	Oct. 23, 1918	Camp Devens, Mass.
Young, Rose A.	Nov. 28, 1917	Camp Shelby, Miss.
Young, Mrs. Rose Kirkwood	June 23, 1919	St. Luke's Hospital, New York

Appendix to List of American Red Cross Nurses Who Died in War Service or as a Result of Disability Contracted Therein

After consideration and by a special authorization from Miss Noyes, the following nurses were posthumously awarded Red Cross medals and citations, along with the other nurses on this list who died in war service, or as the result of disability contracted therein.

In almost every case the nurse died of influenza, or pneumonia following influenza, during the 1918 epidemic, just after travel orders for military service had been issued to her, but before she had opportunity to execute the oath. With but probably two or three exceptions, all these nurses had been assisting the Red Cross in caring for influenza patients while waiting for their travel orders for military service.

Nurse	*Date of Death*	*Place of Death*
Breen, Margaret M.	Oct. 26, 1918	St. Vincent's Hospital, New York City
Davis, Elsie M.	Oct. 23, 1918	Ship Yards, Philadelphia
Downs, Mayme T.	Oct. 25, 1918	U. S.
Dunbar, Ramona Canfield	Oct. 10, 1918	Presbyterian Hospital, New York City
Emmons, Eva	November, 1918	U. S.
England, Margaret	Oct. 15, 1918	Washington Park Hospital, Chicago, Ill.
Guest, Mabel P.	Oct. 30, 1918	U. S.
Houghton, Helen C.	Nov. 2, 1918	California
Hulings, Hanna Priscilla	October, 1918	U. S.
Jordalen, Lydia	Nov. 14, 1918	U. S.
Jowers, Alberta McPherson	Dec. 5, 1918	South Highland Infirmary, Birmingham, Ala.
Millar, Eunice	Oct. 30, 1918	U. S.
O'Connor, Marguerite R.	Oct. 11, 1918	Chicago
Ostergren, Alice	Oct. 9, 1918	U. S.
Stagen, Charlotte S.	Aug. 8, 1917	U. S.
Whaley, Abigail M.	Oct. 11, 1919	Charleston, S. C.
Whitely, Mrs. Anna E.	April, 1918	British Ex. Forces, France

AMERICAN RED CROSS DIETITIANS WHO DIED IN WAR SERVICE OR AS A RESULT OF DISABILITY CONTRACTED THEREIN

Dietitian	*Date of Death*	*Place of Death*
Jury, Irene I	Dec. 9, 1918	Naval Hospital, Pelham Bay Park, New York
Keech, Cara Mea	Oct. 18, 1918	Base Hospital No. 68, France
Morse, Meda	Dec. 24, 1918	Camp Taylor, Louisville, Ky.
Norcross, Olive	Sept. 26, 1918	Camp Dix, N. J.
Peck, Marian Helen	Feb. 17, 1919	France
Wind, Hortense Elizabeth	Dec. 10, 1918	Norfolk, Va.

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Ahrens, Minnie H., Committee of Transfer, 1021
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chief of Division of Institutional and Student Assignment, 1017
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